



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

P.O. Box 712
Trenton, NJ 08625-0712

CHRIS CHRISTIE
Governor

ELIZABETH CONNOLLY
Acting Commissioner

KIM GUADAGNO
Lt. Governor

MEGHAN DAVEY
Director

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

E.T.,
PETITIONER,
v.
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES AND
HUDSON COUNTY BOARD OF
SOCIAL SERVICES,
RESPONDENTS.
ADMINISTRATIVE ACTION
FINAL AGENCY DECISION
OAL DKT. NO. HMA 19199-15

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision and the documents in evidence. Neither party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is September 25, 2016 in accordance with an order of Extension. The Initial Decision in this matter was received on June 27, 2016.

This matter concerns the October 13, 2015 denial of Petitioner's first application for Medicaid benefits, dated August 6, 2015, due to the failure to provide financial verifications. The only issue presented here is whether Petitioner provided the necessary verification for the Hudson County Board of Social Services (HCBSS) to make an eligibility determination with regard to his first Medicaid application. Any issues concerning Petitioner's subsequent Medicaid applications¹ were not appealed or transmitted to the Office of Administrative Law (OAL) as part of this matter. Consequently, any findings or conclusions regarding the timeliness of Petitioner's submissions in connection with subsequent Medicaid applications are not currently before the court.

On August 6, 2015, Petitioner, through Future Care Consultants, LLC (FCC), submitted an application for Medicaid benefits to HCBSS. On August 18, 2015, HCBSS requested Petitioner provide financial information, including explanations of deposits and withdrawals exceeding \$500, in connection with Haven Savings bank accounts and payment history from Alaris at Castle Hill by September 29, 2015. On September 3, 2015, HCBSS notified Petitioner that it had discovered an account with Capital One not previously disclosed and requested information regarding that account by September 14, 2015. On October 13, 2015, having not received the requested verifications, HCBSS denied Petitioner's application for Medicaid benefits.²

¹ According to Petitioner's brief, the second Medicaid application was filed in November 2015. There is nothing in the record or Petitioner's brief to support a finding that an application was filed on September 17, 2015.

² The ALJ noted that Petitioner did not receive the denial notice until November 18, 2015. It is unclear where this information can be found. The only indication of a November 18, 2015 date is on FCC's facsimile request for a fair hearing, that was transmitted to the OAL on November 19, 2015. The fax claims to have sent the request on a previous date and that this was FCC's second attempt to request a hearing.

Petitioner's representative claims that it never received the September 3, 2015 letter requesting additional information. Yet, Petitioner's representative admits to having a conversation with HCBSS employees regarding Petitioner's application on September 16, 18 (by email) and 21 (by email) and was admittedly aware of the September 3, 2015 request by September 18, 2015. Thereafter, Petitioner was given until September 29, 2015 to supply the information.

The credible evidence in the record demonstrates Petitioner failed to provide the requested verifications prior to the September 29, 2015 deadline or the October 13, 2015 denial of benefits. Petitioner's representative has not provided any documentation to the contrary. The record does not contain copies of the cover letters and records they claim to have provided to HCBSS. Furthermore, the individual to whom the September 3, 2015 letter requesting information was sent did not testify at the OAL hearing and was therefore not available for cross examination. Finally, the record contains no requests from Petitioner's representative for additional time to provide the requested verifications and explanations.

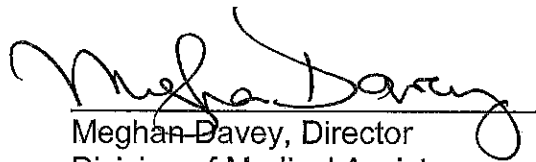
Without this information, HCBSS was unable to complete its eligibility determination and the denial was appropriate.

THEREFORE, it is on this *19th* day of AUGUST 2016

ORDERED:

That the Initial Decision is hereby ADOPTED with respect to the ALJ's finding that Petitioner did not timely provide the requested verifications with regard to the August 6, 2015 application. Petitioner's Medicaid application was properly denied for failure to provide necessary verification; and

That the Initial Decision is hereby REVERSED with respect to the ALJ's findings and conclusions regarding a second Medicaid application, dated September 17, 2015. The record does not support a finding that Petitioner ever submitted a second Medicaid application on September 17, 2015, nor was another Medicaid application determination notice transmitted to the OAL .


Meghan Davey, Director
Division of Medical Assistance
and Health Services