



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

P.S.,

PETITIONER,

ADMINISTRATIVE ACTION

v.

FINAL AGENCY DECISION

OAL DKT. NO. HMA 05515-16

DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES AND

CAMDEN COUNTY BOARD
OF SOCIAL SERVICES,

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I
have reviewed the record in this matter, consisting of the case file, the
documents in evidence and the Initial Decision. No Exceptions to the Initial
Decision were filed. Procedurally, the time period for the Agency Head to file a

Final Agency Decision is December 8, 2016, in accordance with an Order of Extension. The Initial Decision was received on September 9, 2016.

This matter arises from the denial of Petitioner's October 2015 Medicaid application for failing to provide documentation need to determine eligibility. On October 22, 2015, Petitioner, through her representative, applied for Medicaid benefits with the Camden County Board of Social Services (CCBSS). In conjunction with the application, Petitioner's representative provided documentation of Petitioner's PNC account from July 2010 through September 23, 2015 and Janney Investment account from August 2010 through June 3, 2015. On October 23, 2015; January 21, 2016 and January 27, 2016, the CCBSS requested verification of Petitioner's assets including bank account and investment account records for the five years preceding Petitioner's October application date. This included the PNC account information from September 2015 through October 22, 2015, documentation that the Janney Investment account was closed, and verification of any transaction of \$1,000 or more including the following deposits: \$90,855 on December 24, 2014; \$1,125 on August 3, 2011 and \$5,837 on December 18, 2013. The requested documentation was never received by CCBSS and on March 14, 2016, CCBSS denied Petitioner's application for Medicaid benefits.

Petitioner's representative argues that she should not have to produce bank statements for September and October 2015 because she is seeking eligibility as of August 2015. Petitioner also argues that she does not have to produce any additional Janney investment account statements because the account was brought down to zero in July 2015.


In determining Medicaid eligibility for someone seeking institutionalized benefits, the counties must review five years of financial history. The federal government has directed that the look back date is 60 months prior to the baseline date. For an institutionalized individual such as Petitioner, the baseline date is the first date as of which the individual is institutionalized and applied for medical assistance under the state plan. Centers for Medicare and Medicaid Services, State Medicaid Manual §3258.4(C). Here, Petitioner filed her Medicaid application on October 22, 2015. CCBSS made multiple requests for account information from October 2010 through October 22, 2015. Petitioner, however, failed to provide that information.

Furthermore, the information provided by Petitioner at the Office of Administrative Law hearing was untimely and incomplete. Petitioner's refusal to provide bank statements for September and October 2015 documentation that the Janney Investment account was closed, and verification of several deposits, prevents the County from obtaining a clear financial picture. There is no way to determine if any additional transfers were made for fair market value or if Petitioner was resource eligible at the time of application. The credible evidence in the record indicates that Petitioner failed to provide the needed information prior to the March 14, 2016 denial of benefits. Without this information, the County was unable to complete its eligibility determination and the denial was appropriate.

THEREFORE, it is on this 31st day of OCTOBER 2016,

ORDERED:

That the Initial Decision is hereby ADOPTED. Petitioner's Medicaid application was properly denied for failure to provide necessary verification.



Meghan Davey, Director
Division of Medical Assistance
and Health Services
