



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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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

S.E.,

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

v.

OAL DKT. NO. HMA 08278-16

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 Initial Decision, the
documents in evidence and the entire contents of the OAL case file.
Procedurally, the time period for the Agency Head to file a Final Agency Decision

is October 10, 2016, in accordance with N.J.S.A. 52:14B-10, which requires an Agency Head to adopt, reject or modify the Initial Decision within 45 days of the agency's receipt. The Initial Decision was received on August 25, 2016.

This matter arises from the denial of Petitioner's May 2014 Medicaid application for failing to provide documentation needed to determine eligibility. On May 23, 2014, Petitioner applied for Medicaid benefits. On May 23, 2014, December 7, 2015, April 4, 2016 and April 18, 2016 the Camden County Board of Social Services (CCBSS) requested additional verification of Petitioner's assets. In its April 4, 2016 letter, CCBSS specifically requested information regarding a December 12, 2011 deposit in the amount of \$1,700. Petitioner's representative requested all information from PNC bank with regard to Petitioner's account and provide documentation to CCBSS. However, there was no documentation with regard to the December 12, 2011 deposit. Thereafter, on May 24, 2016, CCBSS issued a denial letter for failure to provide information regarding the December 12, 2011 deposit.¹ However, the ALJ correctly notes that the reason the December 12, 2011 verifications were not included in Petitioner's submission was because the transaction was actually dated December 9, 2011. Since CCBS specifically requested, in error, a December 12, 2011 document and denied Petitioner based on the failure to provide that document, the ALJ determined that the matter should be returned to CCBSS for further processing of Petitioner's Medicaid eligibility.

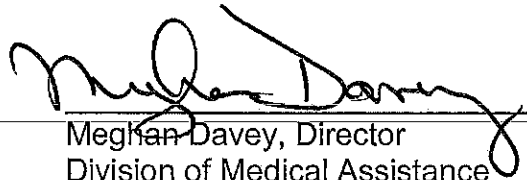
Based on my review of the record, I concur with the ALJ's findings and hereby ADOPT the Initial Decision.

¹ The May 24, 2016 denial from CCBSS actually states that Petitioner is denied for failing to provide verifications with regard to a December 21, 2011 deposit. It appears from the record that CCBSS transposed the numbers 12 and 21 in their requests and denial letter.

THEREFORE, it is on this 20th day of OCTOBER 2016

ORDERED:

That the Initial Decision is hereby ADOPTED.



Meghan Davey, Director
Division of Medical Assistance
and Health Services