



State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services
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Director

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

A.D.,

PETITIONER,

ADMINISTRATIVE ACTION

v.

FINAL AGENCY DECISION

DIVISION OF MEDICAL ASSISTANCE :

OAL DKT. NO. HMA 01831-18

AND HEALTH SERVICES AND :

OCEAN COUNTY BOARD OF :

SOCIAL SERVICES, :

RESPONDENTS. :

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 July 22, 2018 in accordance with an Order of Extension. The Initial Decision in this matter was received on April 23, 2018.

At issue is a 22 day penalty imposed due to Petitioner's transfers totaling \$9,480. In determining Medicaid eligibility for someone seeking institutionalized benefits, the counties must review five years of financial history. Under the regulations, "[i]f an individual . . . (including any person acting with power of attorney or as a guardian for such individual) has sold, given away, or otherwise transferred any assets (including any interest in an asset or future rights to an asset) within the look-back period" a transfer penalty of ineligibility is assessed. N.J.A.C. 10:71-4.10 (c). It is Petitioner's burden to overcome the presumption that the transfer was done – even in part – to establish Medicaid eligibility. The presumption that the transfer of assets was done to qualify for Medicaid benefits may be rebutted "by presenting convincing evidence that the assets were transferred exclusively (that is, solely) for some other purpose." N.J.A.C. 10:71-4.10(j).

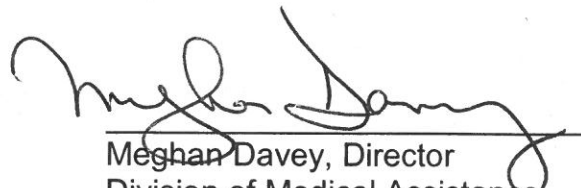
At issue are ten transfers totaling \$9,480. I agree with the ALJ that Petitioner has proven that he received fair market value for the expenditures 1, 5, 6 and 7. (See ID at pp. 3, 4). These expenditures total \$4,060.64. However, Petitioner, who was at all times represented by Elder Life Management, had the opportunity at the hearing to present documentation supporting his claim that cash withdrawals and checks #1226 and #1368 were repayment of loans. Petitioner failed to present any documentation that these were in fact loans to be repaid.

After reviewing the record, I concur with the ALJ's findings that Petitioner was unable to provide any credible evidence to establish that the transfers were done for a purpose other than to qualify for Medicaid benefits.

THEREFORE, it is on this 25th day of JUNE 2018,

ORDERED:

That the Initial Decision affirming the transfer penalty is hereby ADOPTED with regard to expenditures 1, 5, 6, and 7 totaling \$4,060.64. The Initial Decision is hereby REVERSED with regard to the remand of expenditures 2, 3, 4, 8, 9 and 10, and the transfer penalty imposed with regard to those items is reinstated.



Meghan Davey, Director
Division of Medical Assistance
and Health Services