

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES PO Box 712 TRENTON, NJ 08625-0712

CAROLE JOHNSON Commissioner

MEGHAN DAVEY Director

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

A.M.,

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 00205-18

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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. Neither party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision is April 27, 2018 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 March 13, 2018.

This matter arises from the Medicaid eligibility date. On April 11, 2016, Petitioner filed a Medicaid application with the Camden County Board of Social Services (CCBSS). At the time of application, Petitioner had been residing in an Assisted Living Facility (ALF), Spring Hill. Petitioner was ultimately found financially eligible under the Medicaid Long Term Care Services and Supports (MLTSS) program that permits the use of a higher income level – 300 percent of the SSI benefit amount. In order for eligibility to be granted at this higher income level, nursing level of care must be necessary. See 42 CFR § 435.236 and 42 CFR § 435.1005. In order to determine medically necessary services in a nursing home or pursuant to a waiver program requiring nursing home level of care, a pre-admission screening (PAS) is completed by "professional staff designated by the Department, based on a comprehensive needs assessment which demonstrates that the recipient requires, at a minimum, the basic NF services described in N.J.A.C. 8:85-2.2." N.J.A.C. 8:85-2.1(a). See also, N.J.S.A. 30:4D-17.10, et seq. This must be done prior to receipt of benefits so as not to create a Medicaid program in the community using the higher income level.

Petitioner alleges that the delay in processing his clinical eligibility permits him to establish eligibility as of April 1, 2016. In order to be eligible for medical assistance under the State plan, a person must be clinically and financially eligible; and the financial component of the State plan requires that the applicant meet both income and resource standards. Petitioner was found financially eligible effective April 1, 2016. However, the ALF did not timely request a PAS for Petitioner.

In recognizing that individuals in ALFs are not screened for nursing home level of care at the time of admission, the Office of Community Choice Options (OCCO) in the Division of Aging Services, which assesses for clinical eligibility, permits ALFs to refer residents to OCCO for a clinical determination. http://www.state.nj.us/humanservices/doas/forms/AL-6.pdf. This guidance was issued in 2011 and describes this form, which existed since at least 2009, as permitting a more timely application process as "[c]linical eligibility will not be assumed, determined retrospectively, or back-dated to coincide with financial eligibility facility admission a or

date." http://nj.gov/humanservices/doas/documents/policy/disclosure al medicaid policies.pdf. In this case, the ALF did not make a request prior to filing or during the Medicaid application process. As a result, the OCCO acted upon notification and correctly set May 23, 2017 as the date of clinical eligibility.

THEREFORE, it is on this 27 H day of APRIL 2018,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan Davey, Director

Division of Medical Assistance