

MONMOUTH COUNTY DIVISION OF SOCIAL SERVICES

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Date: July 23, 2018
Case Number: 1310068637

HANLON, NIEMANN & WRIGHT
ATTN: DIANE FANOK
3499 ROUTE 9 NORTH, STE. 1F
FREEHOLD, NJ 07728

This notification is to advise you of the following decision concerning Helen Harrington's eligibility for the MLTSS Waiver Medicaid program.

Eligibility Decision

- GRANTED EFFECTIVE:
- TERMINATED EFFECTIVE:
- DENIED
- DISMISSED
- WITHDRAWN

This action was taken because: DUE TO EXCESS INCOME, HELEN HARRINGTON'S MONTHLY GROSS INCOME (\$8,575.29) EXCEEDS THE PRIVATE PAY RATE FOR A SEMI-PRIVATE ROOM @ \$187.00 PER DAY (\$5,797.00 PER MONTH). (MEDICAID ONLY PAYS FOR A SEMI-PRIVATE ROOM.

PLEASE BE ADVISED: IN ORDER TO MAINTAIN MEDICAID ELIGIBILITY, THE MEDICAID RECIPIENT'S COMBINED RESOURCES (EXAMPLE: BANK ACCOUNTS, PNA, CASH SURRENDER VALUE OF LIFE INSURANCE, ETC) CANNOT EXCEED \$2,000.00 FOR THE MEDICAID ONLY PROGRAM, AS OF THE FIRST MOMENT OF THE FIRST DAY OF EACH MONTH.

ALL CHANGES IN CIRCUMSTANCES (EXAMPLE: CHANGE OF ADDRESS, INCREASE OR DECREASE IN MONTHLY INCOME, OR INCREASE IN RESOURCES DUE TO RECEIPT OF LUMP SUM SETTLEMENTS OR PROCEEDS FROM THE SALE OF PROPERTY) MUST BE IMMEDIATELY REPORTED TO THIS AGENCY. FAILURE TO REPORT ANY CHANGES IN CIRCUMSTANCES MAY ADVERSELY AFFECT MEDICAID BENEFITS.

These actions are required by the following regulations:

42 U.S. CODE § 1396-1 + N.J.S.A
30:4D-2.

For information regarding a Fair Hearing, please see attached.

Sincerely,

Stacy Merker
STACY MERKER, HSS2
ms. S. [Signature] HSS4
7/23/18

FAIR HEARING NOTICE

If you wish to dispute the above decision:

You have the right to request a Fair Hearing on this action. You must request a Fair Hearing within 20 days of the date of this action. If you have been receiving Medicaid benefits and request a Fair Hearing within the 20-day period your Medicaid benefits may continue until a hearing decision is reached so long as you remain eligible in all other respects. However, if the Fair Hearing decision is not in your favor, you may be required to repay any Medicaid Benefits which were extended pending the Fair Hearing.

SI NECESITA ESTA CARTA TRADUCIDA EN ESPANOL, POR FAVOR LLAME A SU TRABAJADOR A EL NUMERO ARRIBA Y PIDA UN TRABAJADOR QUE HABLA ESPANOL.

Your Right To A Fair Hearing

You have the right to:

- Present your own case or have a relative, friend or attorney make the presentation.
- Examine your own case file or records, including your application form, in advance of your Fair Hearing, or at the time of your Fair Hearing.
- Submit any evidence or bring any witnesses to the Fair Hearing that bear on your case.
- Review a complete and up-to-date copy of the Medicaid/NJ FamilyCare Manual (N.J. Administrative Code).

For Legal Help:

You may have legal counsel at your Fair Hearing. For individuals who cannot afford to pay for the services of an attorney, there are private, non-profit legal services organizations that provide free legal counsel in every county.

If you wish to obtain free legal counsel, you may consult with Legal Services of New Jersey's Health Care Access Project at 1-888-576-5529 (toll free) or contact your local Legal Services Agency.

Fair Hearing Request

If you do not agree with the decision listed on this notice, you have the Right to Request a Fair Hearing before an Administrative Law Judge. You must request a Fair Hearing within 20 days of the postmark date on the envelope.

To request a Fair Hearing, fill out the information below and send a copy of all pages of this letter within 20 days to:

Division of Medical Assistance and Health Services
Fair Hearing Unit
P.O. Box 712
Trenton, NJ 08625

I disagree with the decision because: the county's decision is illegal as a matter of federal and state law per the statutes cited by the county.

If your Medicaid/NJ FamilyCare coverage has been terminated, you also have the right to continuing coverage until a hearing decision has been reached. If the Fair Hearing decision is not in your favor, you will be required to repay any continuing Medicaid/NJ FamilyCare benefits.

I want coverage to continue

I do not want coverage to continue

Signature: _____ (Applicant or Representative)

Name: <u>Fredrick P. Niemann, Esq.</u>	Case Number: <u>1310068637</u>
Address: <u>3499 Route 9N, Suite 1F</u>	
City, state, zip: <u>Freehold NJ 07728</u>	
Phone: <u>732-863-9900</u>	

OTHER IMPORTANT INFORMATION:

In the event that you do receive health insurance through an employer or purchase it privately, you may be asked to give the new insurer a Certificate of Creditable Coverage from Medicaid. To request this Certificate, call 1-800-701-0710.