

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625-0712

ELIZABETH CONNOLLY Acting Commissioner

VALERIE HARR

Director

Governor

CHRIS CHRISTIE

KIM GUADAGNO Lt. Governor

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

R.M.,

PETITIONER,

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ADMINISTRATIVE ACTION

DIVISION OF MEDICAL ASSISTANCE

FINAL AGENCY DECISION

AND HEALTH SERVICES AND

OAL DKT. NO. HMA 02657-15

BERGEN 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, the contents of the OAL case file and Respondent's exceptions to the Initial Decision. Procedurally, the time period for the Agency Head to file a Final Agency Decision is August 3, 2015 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 receipt. The Initial Decision was received on June 17, 2015.

I hereby ADOPT the Initial Decision affirming the denial of New Jersey Care Medicaid benefits. The undisputed evidence in the record indicates that Petitioner's monthly income exceeds the maximum income limit under this program. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case.

THEREFORE, it is on this 22 day of July 2015,

ORDERED:

That the Initial Decision AFFIRMING the denial of Medicaid benefits based upon excess income is hereby ADOPTED as the Final Decision in this matter.

Valerie J. Harr, Director

Division of Medical Assistance and Health Services