

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

Kim GUADAGNO
Lt. Governor

CHRIS CHRISTIE

Governor

MEGHAN DAVEY
Director

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

F.C.,	•
PETITIONER,	: ADMINISTRATIVE ACTION
V.	: FINAL AGENCY DECISION
DIVISION OF MEDICAL ASSISTANCE	OAL DKT. NO. HMA 06673-16
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 October 24, 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 in this matter was received on September 9, 2016.

This matter concerns the April 4, 2016 denial of Petitioner's application due to the failure to provide financial verifications. The only issue presented here is whether Petitioner provided the necessary verification for Ocean County to make—an—eligibility—determination.—The—credible—evidence—in—the—record demonstrates that Petitioner failed to provide the needed information prior to the April 4, 2016 denial of benefits. Without this information, the County was unable to complete its eligibility determination and the denial was appropriate.

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

THEREFORE, it is on this // day of OCTOBER 2016

ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan Davey, Director

Division of Medical Assistance

and Health Services