

## 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

MEGHAN DAVEY
Director

KIM GUADAGNO Lt. Governor

CHRIS CHRISTIE

Governor

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

E.B..

PETITIONER.

ADMINISTRATIVE ACTION

**FINAL AGENCY DECISION** 

V.

OAL DKT. NO. HMA 14385-16

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

GLOUCESTER 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. No exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to file a Final Agency Decision is January 30, 2017, 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 December 15, 2016.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. presented here is whether Petitioner provided the necessary verification for the Gloucester County Board of Social Services to make an eligibility determination. The credible evidence in the record indicates that Petitioner failed to provide the needed information prior to the August 29, 2016 denial of benefits. Without this information, the County was unable to complete its eligibility determination and the denial was appropriate.

THEREFORE, it is on this  $\sqrt{8}$  day of January 2017.

ORDERED:

That the Initial Decision is hereby ADOPTED.

Medhan Davev. Director

Division of Medical Assistance

and Health Services