

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
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Governor

Kim Guadagno

Lt. Governor

CHRIS CHRISTIE

ELIZABETH CONNOLLY
Acting Commissioner

MEGHAN DAVEY
Director

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

O.G.,

PETITIONER.

ADMINISTRATIVE ACTION

V

FINAL AGENCY DECISION

HUDSON COUNTY DEPARTMENT

OAL DKT. NO. HMA 13104-2017

OF FAMILY SERVICES,

RESPONDENT.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision, the OAL case file and the documents filed below. Procedurally, the time period for the Agency Head to file a Final Decision is December 15, 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 receipt. The Initial Decision was received on October 31, 2017.

The matter arises regarding the termination of Petitioner's Medicaid benefits. Petitioner has monthly income in the amount of \$2,539 a month. That amount exceeds the maximum monthly income standard of \$1,340 for Medicaid.

The Initial Decision held that Petitioner's income exceeds 133% of the federal poverty level for a family of one and as such, Hudson County properly terminated Petitioner's eligibility for Medicaid. Based on my review of the record, I concur with the Initial Decision. If Petitioner's income changes, he may reapply for benefits.

THEREFORE, it is on this 5 day of DECEMBER 2017,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan-Davey, Director

Division of Medical Assistance

and Health Services