

## 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

R.B.,

PETITIONERS,

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND CAMDEN COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

**ADMINISTRATIVE ACTION** 

FINAL AGENCY DECISION

OAL DKT. NO. HMA 18969-16

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 render a Final Agency Decision is April 10, 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 February 23, 2017.

I hereby ADOPT the Initial Decision affirming the denial of continued eligibility for the NJ FamilyCare program. The undisputed evidence in the record indicates that Petitioner's monthly income exceeds the income limit under this program.

THEREFORE, it is on this  $30^{\circ}$  day of March 2017,

ORDERED:

That the Initial Decision affirming the termination of benefits is hereby ADOPTED as the Final Decision in this matter.

Meghan Davey, Director

Division of Medical Assistance
and Health Services