

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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TRENTON, NJ 08625-0712

CAROLE JOHNSON

Commissioner

MEGHAN DAVEY
Director

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

J.O.,

PETITIONER.

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**DIVISION OF MEDICAL ASSISTANCE:** 

AND HEALTH SERVICES AND

ESSEX COUNTY BOARD

OF SOCIAL SERVICES.

RESPONDENT.

**ADMINISTRATIVE ACTION** 

FINAL AGENCY DECISION

OAL DKT. NO. HMA 11625-2018

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 November 15, 2018 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 1, 2018.

The matter arises regarding the termination of Petitioner's Medicaid benefits. At the time of the eligibility determination, J.O.'s average monthly income was \$2,800. After applying the multiplier of 2.167, J.O.'s income exceeds the maximum monthly

income standard for a household of three, which is \$2,390.

The Initial Decision held that the Board properly denied Petitioner's eligibility based on its determination that Petitioner's income exceeds the maximum income for Medicaid. Based on my review of the record, I concur with the Initial Decision. If Petitioner's circumstances change, she may reapply for Medicaid benefits.

THEREFORE, it is on this  $\chi \chi \dot{Q}$  day of NOVEMBER 2018,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan Davey, Director

Division of Medical Assistance

and Health Services