

State of New Hersen

DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Governor

P.O. Box 712 Trenton, NJ 08625-0712

Commissioner

KIM GUADAGNO Lt. Governor

MEGHAN DAVEY Director

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

T.Y.,

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 15718-17

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

MORRIS 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. Neither Party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision is January 18, 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 the agency's receipt. The Initial Decision was received on December 4, 2017.

Based upon my review of the record, I hereby ADOPT the Initial Decision. The credible evidence in this record indicates that there was an ongoing exchange of information between Petitioner and the County prior to the denial and that Petitioner made a good faith effort to produce the requested verification. Due to the unique facts and circumstances presented here, I agree with the ALJ that Morris County re-evaluate Petitioner's eligibility for Medicaid.

THEREFORE, it is on this \110 day of JANUARY 2018,

ORDERED:

That the Initial Decision REVERSING the denial of Medicaid benefits and RETURNING the matter to the Morris County Board of Social Services for a reevaluation of Petitioner's Medicaid eligibility is hereby ADOPTED.

Meghan Davey, Director

Division of Medical Assistance

and Health Services