

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES PO Box 712 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

A.A.,

PETITIONER.

DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES AND

CAMDEN COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 15004-2018

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. No exceptions were filed. Procedurally, the time period for the Agency Head to file a Final Decision is February 11, 2019 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 December 28, 2018.

The matter arises regarding the termination of Petitioner's Medicaid benefits due to excess income. Camden County had determined that the family earned \$6,284 a month which exceeds the limit of \$2,887. Petitioner contested that amount as an anomaly due to paid vacation but conceded that her income exceeded \$2,887 a month. The Initial Decision upheld the termination. Thus, I hereby ADOPT the Initial Decision. I note that Petitioner's children were processed for eligibility at the higher income levels allowed for children.

THEREFORE, it is on this gt day of FEBRARY 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan Davey, Director

Division of Medical Assistance

and Health Services