

State of New Jersey

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

JENNIFER LANGER JACOBS Director

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

A.T.,

PETITIONERS.

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HUDSON COUNTY BOARD OF SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 07761-19

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 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 September 9, 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 in this matter was received on July 26, 2019.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety. This matter arises from the denial of Medicaid eligibility. The undisputed evidence in the record indicates that Petitioner's monthly income exceeds the maximum income limit under this program. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case.

THEREFORE, it is on this Angust 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Division of Medical Assistance

and Health Services