

## State of New Jersey Department of Human Services Division of Medical Assistance and Health Services P.O. BOX 712

TRENTON NJ 08625-0712

:

PHILIP D. MURPHY Governor

> Sheila Y. Oliver Lt. Governor

Carole Johnson Commissioner

Meghan Davey Director

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

E.A.,

PETITIONER,	
V.	
HUNTERDON COUNTY BOARD	
OF SOCIAL SERVICES,	
RESPONDENTS.	

ADMINISTRATIVE ACTION FINAL AGENCY DECISION OAL DKT. NO. HMA 14535-18

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the case file, the documents in evidence and the Initial Decision. No Exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to file a Final Agency Decision is January 25, 2019, in accordance with <u>N.J.S.A</u>. 52:14B-10, which requires and 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 11, 2018.

This matter concerns the Hunterdon County Board of Social Services' September 20, 2018 termination of Petitioner's Medicaid benefits pursuant to <u>N.J.A.C.</u> 10:72-4.4(a). However, at the hearing, the Petitioner produced evidence to establish income eligibility. Due to the unique facts and circumstances presented here, I agree with the ALJ that the Petitioner meets income eligibility for Medicaid benefits.

THEREFORE, it is on this John day of JANUARY 2019, ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan Davey, Director Division of Medical Assistance and Health Services