

## 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

Carole Johnson Commissioner

Sheila Y. Oliver Lt. Governor

Meghan Davey Director

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

E.W.,

PETITIONER.

**ADMINISTRATIVE ACTION** 

FINAL AGENCY DECISION

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OAL DKT. NO. HMA 03621-19

BURLINGTON 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 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 June 7, 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 the agency's receipt. The Initial Decision was received on April 23, 2019.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety. This matter arises from the termination 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  $\uparrow\uparrow^{\uparrow}$  day of JUNE 2019,

ORDERED:

That the Initial Decision affirming the denial of Medicaid eligibility is hereby ADOPTED.

Chief of Staff nce 0130 Maghen Davey Division of Medical Assistance

and Health Services