

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

G.R.,

PETITIONER,	:	ADMINISTRATIVE ACTION
V.	:	FINAL AGENCY DECISION
BERGEN COUNTY	<u>\</u>	OAL DKT. NO. HMA 16576-18
BOARD OF SOCIAL SERVICES,	:	
RESPONDENTS.		

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As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision and the documents in evidence. Neither Party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is March 18, 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 January 30, 2019.

Based upon my review of the record, I hereby adopt the findings and conclusions of the Administrative Law Judge in their entirety and I incorporate the same

herein by reference. This matter concerns the October 11, 2018 denial of Petitioner's application due to the failure to provide requested verifications. The issue presented here is whether Petitioner provided the necessary verifications for the Bergen County Board of Social Services (BCBSS) to make an eligibility determination. In an attempt to determine Petitioner's eligibility in connection with her 2018 redetermination, Bergen County asked Petitioner to explain her stated monthly income of \$1750 which exceeded Petitioner's household limit of \$1397. Petitioner did not provide any explanation with regard to her income prior to the October 11, 2018 denial. It was not until the hearing that Petitioner explained that the \$1750 was spousal support, and claimed her exhusband was delinquent in his payments. However, Petitioner provided no evidence to corroborate her assertions, and a monthly income of \$1750 would make her ineligible for benefits.

Without this information, BCBSS was unable to complete its eligibility determination and the denial was appropriate.

Based on my review of the record, I concur with the ALJ's findings and hereby ADOPT the Initial Decision.

THEREFORE, it is on this Hoday of FEBRUARY 2019, ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan Davey, Director Division of Medical Assistance and Health Services