

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

CAROL GRANT Acting Director

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

H.S.

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 05963-19

V.

SOMERSET COUNTY BOARD OF

SOCIAL SERVICES.

RESPONDENT.

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 2, 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 June 5, 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 day of July 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Carol Grant, Acting Director Division of Medical Assistance and Health Services