

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

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PHILIP D. MURPHY Governor

> Sheila Y. Oliver Lt. Governor

Carole Johnson Commissioner

Carol Grant Acting Director

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

J.S.

PETITIONER.

**ADMINISTRATIVE ACTION** 

V.

FINAL AGENCY DECISION

OCEAN COUNTY BOARD OF SOCIAL SERVICES.

OAL DKT. NO. HMA 05167-19

RESPONDENT

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 to the Initial Decision. Procedurally, the time period for the Agency Head to render a Final Agency Decision is June 20, 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 May 6, 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 arises from the March 22, 2019, notice from Hudson County

Board of Social Services (HCBSS) terminating Petitioner's Medicaid benefits. The record here does not support a finding that HCBSS requested redetermination information from Petitioner. Therefore, due to the unique facts and circumstances presented here, I concur with the ALJ's findings and hereby ADOPT the Initial Decision.

THEREFORE, it is on this Hand of JUNE 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.

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