

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

Meghan Davey Director

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

L.D.,

PETITIONER.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

220.0.0

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BERGEN COUNTY BOARD OF SOCIAL SERVICES,

RESPONDENTS.

OAL DKT. NO. HMA 12921-18

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 February 11, 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 December 26, 2018.

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 resources exceed the maximum limit under this program. There is simply no authority that permits the relaxation or waiver of the resource limits in any individual case.

THEREFORE, it is on this of JANUARY 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan Davey, Director

Division of Medical Assistance

and Health Services