

## 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

L.K.,

PETITIONER,

**ADMINISTRATIVE ACTION** 

V.

FINAL AGENCY DECISION

OAL DKT. NO. HMA 15758-18

MONMOUTH COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

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 April 15, 2019 in accordance with N.J.S.A. 52:14B-10, which requires and Agency Head to adopt, reject or modify the Initial Decision within 45 days of the agency's receipt. The Initial Decision in this matter was received on February 27, 2019.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. This matter arises from the Monmouth County Board of Social Services' termination of Petitioner's Medicaid benefits through the NJ Family Care program. Pursuant to 42 CFR § 435.119(b)(3), Medicaid expansion can only cover individuals who "[a]re not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act." As Petitioner is sixty-five year old and qualifies for Medicare benefits, he cannot be found eligible for benefits through NJ Family Care.

THEREFORE, it is on this  $\sqrt{3}^{1}$  day of APRIL 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan Davey, Director Division of Medical Assistance

and Health Services