

## 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

M.M.

PETITIONER,

**ADMINISTRATIVE ACTION** 

٧.

FINAL AGENCY DECISION

OCEAN COUNTY BOARD OF

SOCIAL SERVICES.

OAL DKT. NO. HMA 02946-19

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 14, 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 April 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 arises from Petitioner's December 11, 2018 application for

Medicaid benefits. Petitioner was granted three months retroactive eligibility effective September 1, 2018 pursuant to N.J.A.C. 10:49-2.9(b). There is no statutory authority that permits retroactive eligibility beyond the three months prior to the month of application.

THEREFORE, it is on this day of JUNE 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan Davey, Director

Division of Medical Assistance

and Health Services