

State of New Jersey Department of Human Services Division of Medical Assistance and Health Services

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PHILIP D. MURPHY Governor

TRENTON NJ 08625-0712

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.S.,

PETITIONER.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

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OAL DKT. NO. HMA 16189-18

ESSEX COUNTY BOARD OF SOCIAL SERVICES,

RESPONDENTS.

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 4, 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 3, 2018.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety. This matter arises from the termination 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 Anday of JANUARY 2019,

ORDERED:

That the Initial Decision affirming the denial of Medicaid eligibility is hereby adopted as the Final Decision in this matter.

Meghan Davey, Director

Division of Medical Assistance and Health Services