



**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

**Carole Johnson**  
Commissioner

**Sheila Y. Oliver**  
Lt. Governor

**Meghan Davey**  
Director

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

T.R.,

PETITIONER,

**ADMINISTRATIVE ACTION**

v.

**FINAL AGENCY DECISION**

**OAL DKT. NO. HMA 15868-18**

OFFICE OF COMMUNITY CHOICE

OPTIONS, DIVISION OF AGING

SERVICES,

RESPONDENTS.

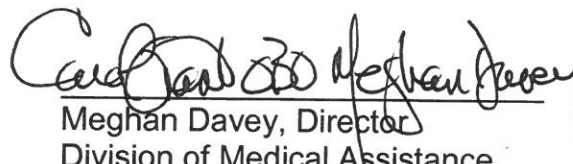
As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence, and the contents of the OAL case file. Procedurally, the time period for the Agency Head to render a Final Agency Decision is April 15, 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 February 27, 2019.

Based upon my review of the record, I hereby ADOPT the findings, conclusions and recommended decision of the Administrative Law Judge in their entirety and incorporate the same herein by reference. I agree with the Administrative Law Judge that the credible evidence in this record establishes that Petitioner does not satisfy the clinical eligibility criteria necessary to qualify for nursing facility level of care pursuant to N.J.A.C. 8:85-2.1. Petitioner presented no evidence to contradict this determination. However, should Petitioner's condition deteriorate, he may reapply for services.

THEREFORE, it is on this 12<sup>th</sup> day of APRIL 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED as the Final Decision in this matter.

  
Meghan Davey, Director  
Division of Medical Assistance  
and Health Services