

State of New Jersey

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO Box 712
Trenton, NJ 08625-0712

CAROLE JOHNSON

Commissioner

CAROL GRANT
Acting Director

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

T.W..

PETITIONER,

ADMINISTRATIVE ACTION
FINAL AGENCY DECISION

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OAL DKT. NO. HMA 05012-19

ESSEX COUNTY BOARD OF SOCIAL SERVICES,

RESPONDENT.

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 August 15, 2019 in accordance with an Order of Extension. The Initial Decision was received on May 17, 2019.

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 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 3rd day of July 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Carol Grant, Acting Director Division of Medical Assistance and Health Services