



**State of New Jersey**

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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TRENTON, NJ 08625-0712

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

JENNIFER VELEZ  
*Commissioner*

VALERIE HARR  
*Director*

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

A.V.,

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE  
AND HEALTH SERVICES AND  
ATLANTIC COUNTY BOARD OF  
SOCIAL SERVICES,  
RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 05641-14

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 entire contents of the OAL case file. Procedurally, the time period for the Agency Head to file a Final Agency Decision is September 2, 2014, 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 July 17, 2014.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. The issue presented here is whether Petitioner provided the necessary verification for Atlantic County to make an eligibility determination. The credible evidence in the record indicates that Petitioner failed to provide the needed information prior to the April 14, 2014 denial of benefits. Without this information, the County was unable to complete its eligibility determination and the denial was appropriate.<sup>1</sup>

THEREFORE, it is on this 19<sup>th</sup> day of August 2014,

ORDERED:

That the Initial Decision is hereby ADOPTED.



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Valerie J. Harr, Director  
Division of Medical Assistance  
and Health Services

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<sup>1</sup> I note that Petitioner submitted a new application on May 19, 2014.