



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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CHRIS CHRISTIE
Governor

JENNIFER VELEZ
Commissioner

KIM GUADAGNO
Lt. Governor

VALERIE HARR
Director

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

C.C.,

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

CAPE MAY COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

Vertical line of dots separating petitioner and respondents

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 05372-14

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 August 22, 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 8, 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 Cape May 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 11, 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 8<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, which was approved retroactive to January 1, 2014.