

## State of New Jersey

CHRIS CHRISTIE

Governor

KIM GUADAGNO Lt. Governor DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO Box 712
TRENTON, NJ 08625-0712

JENNIFER VELEZ Commissioner

VALERIE HARR Director

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

E.O.,

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

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OAL DKT. NO. HMA 09836-14

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

GLOUCESTER 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 entire contents of the OAL case file. Procedurally, the time period for the Agency Head to file a Final Agency Decision is November 3, 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 September 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 Gloucester County to make an eligibility determination. The credible evidence in the record indicates that Petitioner failed to provide the needed information prior to the May 30, 2014 denial of benefits. Without this information, the County was unable to complete its eligibility determination and the denial was appropriate. Of course, Petitioner may reapply with the needed information.

THEREFORE, it is on this May of October 2014,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Valerie J. Harr, Director

Division of Medical Assistance

and Health Services