

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

J.D.,

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

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OAL DKT, NO. HMA 03564-14

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

ATLANTIC 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 August 11, 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 June 26, 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 February 25, 2014 denial of benefits. Without this information, the County was unable to complete its eligibility determination and the denial was appropriate.¹

THEREFORE, it is on this 29 day of July 2014,

ORDERED:

That the Initial Decision is hereby ADOPTED.

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

¹ I note that Petitioner submitted a new application on March 19, 2014.