

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

R.K.,

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

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OAL DKT. NO. HMA 16823-13

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

BURLINGTON 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 4, 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 18, 2014.

I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. The credible evidence in the record indicates that Petitioner's countable resources exceed the limit to qualify for benefits. Of course, Petitioner may reapply with verification establishing that resources have been spent-down below the maximum limit.

THEREFORE, it is on this $\lambda \lambda^{**}$ day of July 2014,

ORDERED:

That the Initial Decision affirming the denial of Medicaid eligibility is hereby ADOPTED.

Valerie J. Harr, Director

Division of Medical Assistance and Health Services