



CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

**State of New Jersey**  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
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JENNIFER VELEZ  
*Commissioner*

VALERIE HARR  
*Director*

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

R.S.,

PETITIONERS,

v.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

HUNTERDON COUNTY BOARD

OF SOCIAL SERVICES,

RESPONDENTS.

**ADMINISTRATIVE ACTION**

**FINAL AGENCY DECISION**

**OAL DKT. NO. HMA 07569-14**

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. No exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to render a Final Agency Decision is October 20, 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 3, 2014.

I hereby ADOPT the Initial Decision affirming the denial of NJ FamilyCare benefits. The undisputed evidence in the record indicates that Petitioner's monthly income exceeds the \$2194 income limit for a household of three under this program. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case.

However, I suggest that Petitioner apply for coverage through the Health Insurance Marketplace at [www.healthcare.gov](http://www.healthcare.gov) or by calling 1-800-318-2596.

THEREFORE, it is on this <sup>9<sup>th</sup></sup> day of October 2014,

ORDERED:

That the Initial Decision affirming the denial of Petitioners' Medicaid application is hereby ADOPTED as the Final Decision in this matter.



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