

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

S.J.,

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

٧.

OAL DKT. NO. HMA 06565-14

DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES AND

ESSEX 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 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 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. I agree with the ALJ that Petitioner has provided sufficient income information for the County to make an eligibility determination.

THEREFORE, it is on this 18 day of August 2014,

ORDERED:

That the Essex County Board of Social Services shall evaluate Petitioner's eligibility for Medicaid benefits based upon the information Petitioner has provided.

Valerie J. Harr, Director Division of Medical Assistance

and Health Services