



**State of New Jersey**

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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TRENTON, NJ 08625-0712

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

JENNIFER VELEZ  
*Commissioner*

VALERIE HARR  
*Director*

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

|                                |   |                                  |
|--------------------------------|---|----------------------------------|
| W.M.,                          | : |                                  |
|                                | : |                                  |
| PETITIONER,                    | : | <b>ADMINISTRATIVE ACTION</b>     |
|                                | : |                                  |
| V.                             | : | <b>FINAL AGENCY DECISION</b>     |
|                                | : |                                  |
| DIVISION OF MEDICAL ASSISTANCE | : | <b>OAL DKT. NO. HMA 10787-14</b> |
|                                | : |                                  |
| AND HEALTH SERVICES &          | : |                                  |
|                                | : |                                  |
| HUDSON COUNTY BOARD OF         | : |                                  |
|                                | : |                                  |
| SOCIAL SERVICES,               | : |                                  |
|                                | : |                                  |
| RESPONDENTS.                   | : |                                  |

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the OAL case file, documents in evidence and the Initial Decision in this matter. No exceptions were filed. Procedurally, the time period for the Agency Head to file a Final Agency Decision is December 1, 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 receipt. The Initial Decision was received on October 15, 2014.

This matter concerns the denial of Petitioner's request for Emergency Medicaid benefits. Petitioner did not appear at the Office of Administrative Law for the scheduled hearing. Petitioner's daughter, who does not have power of attorney, appeared at the hearing and informed the Administrative Law Judge (ALJ) that her mother lives in Trinidad and has returned to Trinidad. Without any additional information, the ALJ dismissed the matter. I note that Petitioner did not file exceptions or contact this office with regard to the dismissal and, thus, I ADOPT the Initial Decision.

THEREFORE, it is on this 24<sup>th</sup> day of NOVEMBER 2011,

ORDERED:

That the Initial Decision is hereby ADOPTED.



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Valerie Harr, Director  
Division of Medical Assistance  
and Health Services