



**State of New Jersey**

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
P.O. Box 712  
Trenton, NJ 08625-0712

CHRIS CHRISTIE  
*Governor*

ELIZABETH CONNOLLY  
*Acting Commissioner*

KIM GUADAGNO  
*Lt. Governor*

MEGHAN DAVEY  
*Director*

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

A.R.

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE  
AND HEALTH SERVICES AND  
OCEAN COUNTY BOARD OF  
SOCIAL SERVICES,  
RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 18908-15

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. Neither Party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision is August 22, 2016, in accordance with N.J.S.A. 52:14B-

was given several opportunities to provide the requested information but failed to provide that information prior to the October 28, 2015 denial of benefits. Without this information, the County was unable to complete its eligibility determination and the denial was appropriate.

THEREFORE, it is on this *22nd* day of JULY 2016

ORDERED:

That the Initial Decision is hereby ADOPTED. Petitioner's Medicaid application was properly denied for failure to provide necessary verification.



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Meghan Davey, Director  
Division of Medical Assistance  
and Health Services