

State of New Jerrey

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

ELIZABETH CONNOLLY
Acting Commissioner

KIM GUADAGNO Lt. Governor

CHRIS CHRISTIE

Governor

MEGHAN DAVEY
Director

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

E.B.,

PETITIONERS,

ADMINISTRATIVE ACTION

٧.

FINAL AGENCY DECISION

DIVISION OF MEDICAL ASSISTANCE:

OAL DKT. NO. HMA 02970-16

AND HEALTH SERVICES AND

MIDDLESEX 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. No exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to render a Final Agency Decision is June 13, 2016, 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 April 28, 2016.

I hereby ADOPT the Initial Decision affirming the termination of NJ FamilyCare benefits. The undisputed evidence in the record indicates that the household's monthly income exceeded the income limit under this program. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case.

However, as noted in the Initial Decision, Petitioner may reapply for benefits if her income has changed.

THEREFORE, it is on this 2 day of June 2016,

ORDERED:

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

Meghan Davey, Director O Division of Medical Assistance and Health Services