

## State of New Hersey

DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES P.O. Box 712

CHRIS CHRISTIE Governor

Trenton, NJ 08625-0712

ELIZABETH CONNOLLY Acting Commissioner

> MEGHAN DAVEY Director

KIM GUADAGNO Lt, Governor

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

N.M.,

PETITIONERS,

ADMINISTRATIVE ACTION

V.

FINAL AGENCY DECISION

DIVISION OF MEDICAL ASSISTANCE:

OAL DKT. NO. HMA 08214-16

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 entire contents of the OAL case file. exceptions to the Initial Decision were filed. Procedurally, the time period for the

Agency Head to render a Final Agency Decision is October 24, 2016, pursuant to an Order of Extension.

I hereby ADOPT the Initial Decision affirming the denial of NJ FamilyCare benefits. The undisputed evidence in the record indicates that the household's monthly income exceeded the limit for Petitioner's children to qualify for benefits through the County Board of Social Services.

I note that Petitioner's application was forwarded to the State vendor to determine if the children are eligible for another segment of NJ FamilyCare with a higher income level.

THEREFORE, it is on this 5 th day of October 2016,

ORDERED:

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

Meghan Davey, Director Division of Medical Assistance

and Health Services