

State of New Jersey

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

CHRIS CHRISTIE

Governor

VALERIE HARR

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

R.C.,

PETITIONER.

ADMINISTRATIVE ACTION

٧.

FINAL AGENCY DECISION

OAL DKT. NO. HMA 13064-14

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

CAMDEN 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. Both Parties filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision is March 30, 2015, 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 February 12, 2015.

Based upon my review of the record, I hereby ADOPT the Initial Decision. The credible evidence in this record indicates that there was an ongoing exchange of information between Petitioner's wife and the County prior to the denial and that Petitioner's wife made a good faith effort to produce the requested verification. Due to the unique facts and circumstances presented here, I agree with the ALJ that Camden County re-evaluate Petitioner's eligibility as of the July 1, 2014 application date.

THEREFORE, it is on this 30 day of MARCH 2015,

ORDERED:

That the Initial Decision REVERSING the denial of Medicaid benefits and RETURNING the matter to the Camden County Board of Social Services for a reevaluation of Petitioner's Medicaid eligibility is hereby ADOPTED.

lerie J. Harr, Director

Division of Medical Assistance

and Health Services