

State of New Jersey

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

> VALERIE HARR Director

KIM GUADAGNO Lt. Governor

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

Y.C.,

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

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OAL DKT. NO. HMA 03534-15

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

SOMERSET 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 case file, the documents in evidence and the Initial Decision. No exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to file a Final Agency Decision is July 23, 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 receipt. The Initial Decision was received on June 8, 2015.

I hereby ADOPT the Initial Decision affirming the denial of Medicaid eligibility. The undisputed evidence in the record indicates that Petitioner's monthly income exceeds the maximum income limit for the Medicaid Program for a household of one. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case. However, I suggest that Petitioner apply for coverage through the Health Insurance Marketplace at www.healthcare.gov or by calling 1-800-318-2596.

Of course, if Petitioner's financial circumstances change, he may reapply for benefits.

THEREFORE, it is on this 1^{51} day of July 2015,

ORDERED:

That the Initial Decision AFFIRMING the denial of Medicaid benefits based upon excess income is hereby ADOPTED.

Valerie J. Harr, Director

Division of Medical Assistance

and-Health-Services-