



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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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.D.,

PETITIONER,

v.

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

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 10418-16

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. Procedurally, the time period for the Agency Head to file a Final Agency Decision is January 23, 2017, 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 December 8, 2016.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. The issue presented here is whether Petitioner provided the necessary verification for Cape May County to make an eligibility determination. The credible evidence in the record indicates that Petitioner failed to provide the needed information prior to the June 24, 2016 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 10th day of January 2017,

ORDERED:

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


Meghan Davey, Director
Division of Medical Assistance
and Health Services