

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

MEGHAN DAVEY Director

KIM GUADAGNO Lt. Governor

CHRIS CHRISTIE

Governor

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

F.S.,

PETITIONER,

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DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES AND:

BURLINGTON COUNTY BOARD OF:

SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION
FINAL AGENCY DECISION
OAL DKT. NO. HMA 10439-16

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. No exceptions to the Initial Decision were filed. Procedurally, the time period for the

Agency Head to render a Final Agency Decision is June 30, 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 in this case was received on May 16, 2017.

Based upon my review of the record, I hereby ADOPT the findings, conclusions and recommended decision of the Administrative Law Judge in their entirety and incorporate the same herein by reference. I agree with the Administrative Law Judge that the credible evidence in the record demonstrates that Petitioner's assets were below the \$3,000 limit pursuant to N.J.A.C. 10:71-4.5(a) and (b).

THEREFORE, it is on this 24 Hday of JUNE 2017,

ORDERED:

That the Initial Decision setting the Medicaid eligibility date as July 1, 2015 is hereby ADOPTED.

Meghan Davey, Director

Division of Medical Assistance

and Health Services