

## 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

CHRIS CHRISTIE
Governor

KIM GUADAGNO Lt. Governor

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

P.V.

PETITIONER,

ADMINISTRATIVE ACTION

**FINAL AGENCY DECISION** 

OAL DKT. NO. HMA 15779-16

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DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

BERGEN COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

As the Director of the Division of Medical Assistance and Health Services,

I have reviewed the record in this case, consisting of the Initial Decision, the

documents in evidence and the entire contents of the OAL file. Neither Party filed Exceptions. Procedurally, the time period for the Agency Head to render a Final Agency Decision is March 31, 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 February 14, 2017.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. The income standard for the New Jersey Care . . . Special Medicaid (New Jersey Care) program is \$1335 per month for a couple. Consequently, Petitioner's countable monthly income of \$1,504 exceeds the \$1335 income limit for the New Jersey Care program.

THEREFORE, it is on this 30 day of MARCH 2017,

ORDERED:

That the Initial Decision is ADOPTED.

Meghan Davey, Director
Division of Medical Assistance
and Health Services