

## 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

S.J.,

PETITIONER,

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DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES AND

CAMDEN COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

**FINAL AGENCY DECISION** 

OAL DKT. NO. HMA 01251-17

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision and the documents in evidence. Neither party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is July

17, 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 receipt. The Initial Decision in this matter was received on June 2, 2017.

This matter concerns the January 5, 2017 denial of Petitioner's application due to the failure to provide financial verifications. The only issue presented here is whether Petitioner provided the necessary verification for Camden County to make an eligibility determination. The credible evidence in the record demonstrates that Petitioner failed to provide the needed information prior to the January 5, 2017 denial of benefits. Without this information, the County was unable to complete its eligibility determination and the denial was appropriate.

Based on my review of the record, I concur with the ALJ's findings and hereby ADOPT the Initial Decision.

THEREFORE, it is on this 3 day of JUNE 2017,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Megh<del>an</del> Davey, Director

Division of Medical Assistance

and Health Services