

State of New Jersey Department of Human Services Division of Medical Assistance and Health Services PO Box 712 Trenton, NJ 08625-0712

JENNIFER VELEZ Commissioner

VALERIE HARR Director

	STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
A.M.,	:
PETITIONER,	ADMINISTRATIVE ACTION
	FINAL AGENCY DECISION
V	: OAL DKT. NO. HMA <del>09505</del> -14
DIVISION OF MEDICAL ASSISTANCE	
AND HEALTH SERVICES AND	
UNION 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 Initial Decision, the documents in evidence, the contents of the OAL case file and Petitioner's exceptions to the Initial Decision. Procedurally, the time period for the Agency Head to render a Final Agency Decision is September 4, 2014 in accordance with N.J.S.A. 52:14B-10 which requires an Agency Head to adopt, reject or

CHRIS CHRISTIE Governor

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KIM GUADAGNO Lt. Governor modify the Initial Decision within 45 days of the agency's receipt. The Initial Decision was received on July 21, 2014.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. I agree with the ALJ that Petitioner has provided sufficient income information for the County to make an eligibility determination. See 42 CFR 435.945.

THEREFORE, it is on this 18th day of August 2014,

ORDERED:

That the Union County Board of Social Services shall evaluate Petitioner's eligibility for Medicaid benefits based upon the information A.M. has provided.

Valerie J. Harr, Director Division of Medical Assistance and Health Services