

CHRIS CHRISTIE

KIM GUADAGNO Lt. Governor

Governor

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

D.M.,

PETITIONERS.

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DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES AND

SALEM COUNTY BOARD OF

SOCIAL SERVICES,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 07021-14

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 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 September 15, 2014, 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 July 30, 2014.

I hereby ADOPT the Initial Decision affirming the denial of NJ FamilyCare benefits. The undisputed evidence in the record indicates that the household's monthly income exceeds the \$1744 income limit under this program. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case.

However, I suggest that Petitioner apply for coverage through the Health Insurance Marketplace at www.healthcare.gov or by calling 1-800-318-2596.

THEREFORE, it is on this but day of September 2014,

ORDERED:

That the Initial Decision affirming the denial of Petitioners' Medicaid application is hereby ADOPTED as the Final Decision in this matter.

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