



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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CHRIS CHRISTIE
Governor

ELIZABETH CONNOLLY
Acting Commissioner

KIM GUADAGNO
Lt. Governor

VALERIE HARR
Director

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

D.B.,	:	
	:	
PETITIONERS,	:	ADMINISTRATIVE ACTION
	:	
v.	:	FINAL AGENCY DECISION
	:	
DIVISION OF MEDICAL ASSISTANCE	:	OAL DKT. NO. HMA 02695-15
	:	
AND HEALTH SERVICES AND	:	
	:	
MONMOUTH 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 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 August 10, 2015, 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 June 25, 2015.

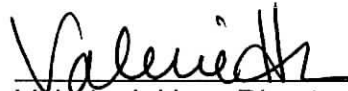
I hereby ADOPT the Initial Decision affirming the denial of NJ FamilyCare benefits. The undisputed evidence in the record indicates that the household's monthly income exceeds the income limit under this program. There is simply no authority that permits the relaxation or waiver of the income limits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

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

THEREFORE, it is on this *28th* day of July 2015,

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