

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

M.P.,

PETITIONER,

٧.

ADMINISTRATIVE ACTION
FINAL AGENCY DECISION
OAL DKT. NO. HMA 3210-16

DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES AND
SOMERSET 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 contents of the OAL case file. Neither Party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision is August 29, 2016 in accordance with an Order of Extension.

The Initial Decision was received on May 31, 2016.

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 \$1,335 per month for a couple. Consequently, Petitioner's countable monthly income of \$1,395 exceeds the \$1,335 income limit for the New Jersey Care program.

THEREFORE, it is on this \\ 'day of JULY 2016

ORDERED:

That the Administrative Law Judge's recommended decision finding that Petitioner is eligible for Medicaid benefits is hereby ADOPTED.

> Meghan Davey, Director Division of Medical Assistance

and Health Services