

## 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

KIM GUADAGNO
Lt. Governor

CHRIS CHRISTIE

Governor

MEGHAN DAVEY
Director

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

R.H.,

PETITIONER.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

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OAL DKT. NO. HMA 1886-16

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

MERCER 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 case file, the
documents in evidence and the Initial Decision and Petitioner's Exceptions to the
Initial Decision. Procedurally, the time period for the Agency Head to render a

Final Agency Decision is May 27, 2016, 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 April 12, 2016.

I hereby ADOPT the Initial Decision affirming the termination of Family Care benefits. The undisputed evidence in the record indicates that Petitioner's monthly income exceeds the maximum income limit to qualify for this coverage. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case.

THEREFORE, it is on this  $11^{11}$  day of MAY 2016,

ORDERED:

That the Initial Decision AFFIRMING the denial of Family Care benefits based upon excess income is hereby ADOPTED as the Final Decision in this matter.

Meghan Davey, Director
Division of Medical Assistance

and Health Services