

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

CHRIS CHRISTIE

Governor

KIM GUADAGNO Lt. Governor

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

S. D.,	: :
PETITIONER,	: ADMINISTRATIVE ACTION
V.	: FINAL AGENCY DECISION
	OAL DKT. NO. HMA 10424-16
DIVISION OF MEDICAL ASSISTANCE	· :
AND HEALTH SERVICES AND	• • •
HUDSON 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. No Exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to file a Final Agency Decision is October 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 September 12, 2016.

I hereby ADOPT the Initial Decision affirming the denial of New Jersey Care Medicaid benefits. The undisputed evidence in the record indicates that Petitioner's monthly income exceeds the maximum income limit under this program. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case. I suggest that Petitioner apply for coverage through the Health Insurance Marketplace at HealthCare.gov.

THEREFORE, it is on this 24 day of OCTOBER 2016,

ORDERED:

That the Initial Decision affirming the termination of Medicaid eligibility based upon excess income is hereby ADOPTED as the Final Decision in this matter.

Megican Davey, Director

Division of Medical Assistance

and Health Services