

State of New Jersey Department of Human Services Division of Medical Assistance and Health Services

P.O. BOX 712 TRENTON NJ 08625-0712

PHILIP D. MURPHY Governor

Carole Johnson Commissioner

Sheila Y. Oliver Lt. Governor

Meghan Davey Director

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

H.S.,

PETITIONER,

ADMINISTRATIVE ACTION

٧.

FINAL AGENCY DECISION

OAL DKT. NO. HMA 06573-18

OCEAN COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision and the documents in evidence. Neither Party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is August 9, 2018, 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 receipt. The Initial Decision in this matter was received on June 25, 2018.

Based upon my review of the record, I hereby adopt the findings and conclusions of the Administrative Law Judge in their entirety and I incorporate the same herein by reference. This matter concerns the March 29, 2018 denial of Petitioner's Medicaid application due to the failure to provide financial verifications. The issue presented here is whether Petitioner provided the necessary verifications for Ocean County to make an eligibility determination. The credible evidence in the record demonstrates that Petitioner failed to provide the needed information prior to the March 29, 2018 denial of benefits. Without this information, the County was unable to complete its eligibility determination and the denial was appropriate.

Based on my review of the record, I concur with the ALJ's findings and hereby ADOPT the Initial Decision.

THEREFORE, it is on this day of AUGUST 2018,

ORDERED:

That the Initial Decision is hereby ADOPTED.

and Health Services