



**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
 Acting Commissioner

Sheila Y. Oliver
 Lt. Governor

Meghan Davey
 Director

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

M.H.,	:	
	:	
PETITIONER,	:	ADMINISTRATIVE ACTION
	:	
v.	:	FINAL AGENCY DECISION
	:	
DIVISION OF MEDICAL ASSISTANCE	:	OAL DKT. NO. HMA 07169-16
	:	
AND HEALTH SERVICES AND	:	
	:	
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 March 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 January 23, 2018.

This matter concerns the April 28, 2016 denial of Petitioner's application due to the failure to provide financial verifications. The only issue presented here is whether Petitioner provided the necessary verification 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 April 28, 2016 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 ^{27th} day of FEBRUARY 2018,

ORDERED:

That the Initial Decision is hereby ADOPTED.


Meghan Davey, Director
Division of Medical Assistance
and Health Services