



**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

Sheila Y. Oliver
Lt. Governor

Carole Johnson
Commissioner

Meghan Davey
Director

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

R.B.,	:	
	:	
PETITIONER,	:	ADMINISTRATIVE ACTION
	:	
v.	:	FINAL AGENCY DECISION
	:	
DIVISION OF MEDICAL ASSISTANCE	:	OAL DKT. NO. HMA 13196-18
	:	
AND HEALTH SERVICES AND	:	
	:	
BURLINGTON 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. No exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to render a Final Agency Decision December 6, 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 the agency's receipt. The Initial Decision was received on October 22, 2018.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety. This matter arises from the denial of Medicaid eligibility. 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.

THEREFORE, it is on this 7th day of December 2018,

ORDERED:

That the Initial Decision affirming the denial of Medicaid eligibility is hereby adopted as the Final Decision in this matter.


Meghan Davey, Director
Division of Medical Assistance
and Health Services