



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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TRENTON, NJ 08625-0712

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CAROLE JOHNSON
Commissioner

JENNIFER LANGER JACOBS
Director

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

C.S.

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

GLOUCESTER COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 10155-19

As Assistant Commissioner of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision, the OAL case file and the documents filed below. No exceptions were filed in this matter. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is December 23, 2019 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 November 6, 2019.

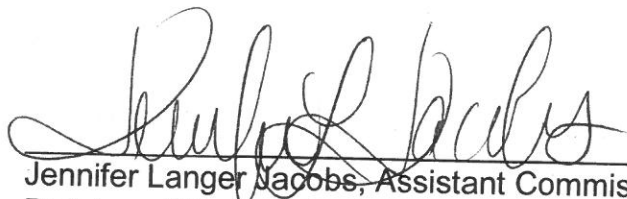
Based upon my review of the record, I hereby ADOPT the Initial Decision in its

entirety. This matter arises from the denial of Medicaid eligibility. The undisputed evidence in the record indicates that Petitioner's monthly countable income of \$1,534 exceeds the \$1,385 income limit for the New Jersey FamilyCare Alternative Benefit Plan (ABP) for a single adult. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case.

THEREFORE, it is on this 4th day of DECEMBER 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.

A handwritten signature in cursive script, appearing to read "Jennifer Langer Jacobs", written over a horizontal line.

Jennifer Langer Jacobs, Assistant Commissioner
Division of Medical Assistance
and Health Services