

State of New Jersey

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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TRENTON, NJ 08625-0712

CAROLE JOHNSON Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

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

J.H.

PETITIONER.

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HUNTERDON COUNTY BOARD OF SOCIAL SERVICES,

RESPONDENTS.

**ADMINISTRATIVE ACTION** 

FINAL AGENCY DECISION

OAL DKT. NO. HMA 10057-19

As the Assistant Commissioner of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, consisting of the Initial Decision, the documents in evidence and the entire contents of the OAL file. Neither Party filed Exceptions. Procedurally, the time period for the Agency Head to render a Final Agency Decision is December 5, 2019, in accordance with an Order of Extension. The Initial Decision in this case was received on September 6, 2019.

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

entirety and incorporate the same herein by reference. The income standard for the New 'Jersey Care . . . Special Medicaid (New Jersey Care) programs is \$1041 per month for an individual. Consequently, Petitioner's countable monthly income of \$1,240 exceeds the \$1041 income limit for the New Jersey Care program.

THEREFORE, it is on this 3 day of OCTOBER 2019,

ORDERED:

That the Initial Decision is ADOPTED.

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