

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO Box 712
TRENTON, NJ 08625-0712

CAROLE JOHNSON

Commissioner

JENNIFER LANGER JACOBS

Director

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

A.P.

PETITIONER.

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DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES AND

CAMDEN COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 12025-19

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 June 15, 2020 in accordance with an Order of Extension. The Initial Decision in this matter was received on March 18, 2020.

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

This matter arises from the termination of Medicaid eligibility. The undisputed evidence in the record indicates that Petitioner's monthly countable income of \$1,460 exceeds the \$1,385 income limit for the New Jersey FamilyCare Alternative Benefits 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. Petitioner may contact the New Jersey Aging and Disability Resource Connection at 1-877-222-3737 for information about available programs and services.

THEREFORE, it is on this day of JUNE 2020,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Jennifer Langer Jacobs, Assitant Commissioner

Division of Medical Assistance