

State of New Jersey

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

F.L.,

PETITIONER,

ADMINISTRATIVE ACTION

٧.

FINAL AGENCY DECISION

OAL DKT. NO. HMA 02462-20

HUNTERDON 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, the OAL case file and the

documents in evidence. Procedurally, the time period for the Agency Head to file a Final

Agency Decision in this matter is November 12, 2020, 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 September 28, 2020.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. The undisputed evidence in the record indicates that Petitioner's social security benefits are \$1,232.52 per month. This

"amount exceeds the maximum income limit for an individual (\$1,041) under the New JerseyCare Special Medicaid program. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case.

Of course, if Petitioner's financial circumstances change, she may reapply for benefits.

THEREFORE, it is on this

day of OCTOBER 2020,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Jennifer Langer Jacobs, Director Division of Medical Assistance and Health Services