

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
Assistant Commissioner

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

K.C.,

PETITIONER,

**ADMINISTRATIVE ACTION** 

V.

**FINAL AGENCY DECISION** 

DIVISION OF MEDICAL ASSISTANCE:

OAL DKT. NO. HMA 04310-20

AND HEALTH SERVICES AND

**HUDSON COUNTY DEPARTMENT OF:** 

FAMILY SERVICES.

RESPONDENTS.

As Assistant Commissioner of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the OAL case file and the Initial Decision dismissing the case. Procedurally, the time period for the Agency Head to file a Final Decision is September 24, 2020, in accordance an Order of Extension.

This matter arises from Hudson County Department of Family Services' denial of Petitioner's Medicaid eligibility. On the day of the hearing, Petitioner agreed to withdraw the appeal.

By Initial Decision dated June 25, 2020, the ALJ dismissed Petitioner's appeal.

Based on my review of the record, I concur with the ALJ's findings. I hereby ADOPT the Initial Decision.

THEREFORE, it is on this 11th day of September 2020,

ORDERED:

That the Initial Decision dismissing the fair hearing in this matter is hereby ADOPTED.

Jen & Typ Suchs

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