

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

M.I.,

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 01546-20

٧.

MERCER COUNTY BOARD OF SOCIAL SERVICES.

RESPONDENTS.

As Director for the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence and the contents of the OAL case file. No exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to render a Final Agency Decision is July 13, 2020 in accordance with an Order of Extension. The Initial Decision was received on April 14, 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 notified the Mercer County Board of Social Services that

he no longer lived in New Jersey on January 3, 2020. Accordingly, his Medicaid was terminated on January 31, 2020.

THEREFORE, it is on this 17 day of MAY 2020,

ORDERED:

That the Initial Decision affirming the denial of Medicaid eligibility is hereby ADOPTED.

Jennifer Langer Jacobs, Assistant Commissioner

Division of Medical Assistance

and Health Services