



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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CHRIS CHRISTIE
Governor

ELIZABETH CONNOLLY
Acting Commissioner

KIM GUADAGNO
Lt. Governor

MEGHAN DAVEY
Director

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

A.M.,
PETITIONER,
v.
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES AND
MERCER COUNTY BOARD OF
SOCIAL SERVICES,
RESPONDENTS.
ADMINISTRATIVE ACTION
FINAL AGENCY DECISION
OAL DKT. NO. HMA 9332-2016

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 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 September 22, 2016 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 August 8, 2016.

The matter arises regarding the termination of Petitioner's Medicaid benefits due to excess income and resources and the recovery of \$57,518.22 in incorrectly paid benefits. Based upon my review of the record, I hereby ADOPT the Administrative Law Judge's recommended decision concluding that Petitioner was not eligible to receive Medicaid payments in July 2013 and then from February 2014 through January 2016. Petitioner's ineligibility stemmed from excess income and resources. As a result, I find that the Mercer County Board of Social Services was authorized to seek reimbursement of the incorrectly paid benefits pursuant to N.J.S.A. 30:4D-7.i.


Petitioner filed for benefits in December 2012 and was approved as of March 1, 2013. Her benefits were terminated as of January 31, 2016 due to excess income. During this time, Petitioner received resources that exceeded the \$4,000 standard. In addition she became eligible for RSDI benefits that exceeded the Medicaid standard. In a detailed decision, the ALJ delineated Petitioner's eligibility based on the changes in her income and resources. As such I find from February 2014 through January 2016, Petitioner received Medicaid benefits totaling \$47,779.45 and in July 2013 those benefits amounted to \$1,217.01. R-13. Thus, I FIND the correct overpayment amount is \$48,996.46.

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THEREFORE, it is on this <sup>13<sup>th</sup></sup> day of SEPTEMBER 2016,

ORDERED:

That the Initial Decision is hereby ADOPTED.

  
Meghan Davey, Director  
Division of Medical Assistance  
and Health Services