

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712

CHRIS CHRISTIE

Governor

P.O. Box 712 Trenton, NJ 08625-0712 ELIZABETH CONNOLLY Acting Commissioner

MEGHAN DAVEY

Director

KIM GUADAGNO Lt. Governor

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

J.K.,

PETITIONER,

,

DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES AND
MIDDLESEX COUNTY BOARD
OF SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 02551-16

As Director 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 approving the Settlement Agreement reached by the parties. Procedurally, the time period for the Agency Head to file a Final Agency Decision is May 25, 2017 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 was received April 10, 2017.

This matter arises from the termination of Medicaid eligibility based upon excess income. However, at the scheduled OAL hearing, the parties entered into a Settlement Agreement whereby Petitioner's mother agreed to withdraw the hearing request and reapply for benefits with updated income information.

The ALJ approved the Settlement Agreement because it was consistent with the law, fully disposed of all issues in controversy and was voluntarily entered into by both parties, in accordance with N.J.A.C. 1:1-19.1.

Based upon my review of the record, I agree with the ALJ's conclusions and ADOPT the Settlement Agreement as based upon substantial credible evidence and consistent with applicable law.

THEREFORE, it is on this day of May 2016,

ORDERED:

That the Initial Decision approving the Settlement Agreement in this matter is hereby ADOPTED.

Meghan Davey, Director

Division of Medical Assistance

and Health Services