



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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TRENTON, NJ 08625-0712

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CAROLE JOHNSON
Commissioner

MEGHAN DAVEY
Director

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

A.E.,

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

HUDSON COUNTY DEPARTMENT

OF FAMILY SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

ORDER OF REMAND

OAL DKT. NO. HMA 18410-2017

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. Procedurally, the time period for the Agency Head to file a Final Agency Decision is April 26, 2018, in accordance with an Order of Extension.

This matter arises from the Hudson County Department of Family Services' termination of Petitioner's Medicaid eligibility due to excess income. Prior to the scheduled OAL hearing,

the parties entered into a Stipulation of Settlement whereby the parties agreed Petitioner would submit a renewal application and financial information and Respondent would evaluate the application for Medicaid eligibility.

As there are outstanding issues regarding Petitioner's financial eligibility, the Stipulation of Settlement agreed to by the parties does not dispose of all issues in controversy and does not resolve the termination. Nothing in the record indicates that Hudson County was incorrect in terminating Petitioner's benefits. Thus, I REJECT the Settlement Agreement as it does not comply with the law nor does it resolve the termination of Petitioner's benefits.

THEREFORE, it is on this 9th day of APRIL 2018,

ORDERED:

That the Initial Decision approving the terms of the Settlement Agreement in this matter is hereby REJECTED; and

That the matter is hereby REMANDED to the Office of Administrative Law for further action on the termination of Petitioner's Medicaid eligibility.



Meghan Davey, Director
Division of Medical Assistance
and Health Services



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

SETTLEMENT

OAL DKT. NO. HMA 18410-17

A.E.,

Petitioner,

v.

**HUDSON COUNTY DEPARTMENT OF FAMILY
SERVICES,**

Respondent.

A.E., petitioner pro se

Lauren Garcia, Fair Hearing Liaison, for respondent pursuant to N.J.A.C. 1:1-5.4(a)3

Record Closed: January 17, 2018

Decided: January 22, 2018

BEFORE **ERNEST BONGIOVANNI**, ALJ:

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

Prior to the hearing, the parties settled the matter and executed the attached Stipulation of Settlement indicating the terms of agreement.

Having reviewed the record and the settlement terms, I **FIND**:

1. The parties have voluntarily agreed to the settlement as evidenced by their signatures or the signatures of their representatives.
2. The settlement fully disposes of all issues in controversy and is consistent with the law.

I **CONCLUDE** that this agreement meets the requirements of N.J.A.C. 1:1-19.1 and that settlement should be approved. Accordingly, I approve the settlement and **ORDER** that the parties comply with the settlement terms and that these proceedings be concluded.

I hereby **FILE** my initial decision with the **DIRECTOR OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** for consideration.

This recommended decision may be adopted, modified or rejected by the **DIRECTOR OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**, the designee of the Commissioner of the Department of Human Services, who by law is authorized to make a final decision in this matter. If the Director of the Division of Medical Assistance and Health Services does not adopt, modify or reject this decision within forty-five days and unless such time limit is otherwise extended, this recommended decision shall become a final decision in accordance with N.J.S.A. 52:14B-10.

January 22, 2017

DATE

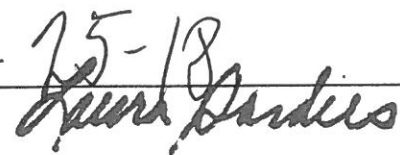
Date Received at Agency:

Date Mailed to Parties:

JAN 25 2018



ERNEST BONGIOVANNI, ALJ

1-25-18


DIRECTOR AND
CHIEF ADMINISTRATIVE LAW JUDGE

id



OFFICE OF ADMINISTRATIVE LAW

STIPULATION OF SETTLEMENT

for

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICE

OAL DKT. NO.: HMA 18416-17

CASE NAME: Ahmed Elamroussi

A hearing was requested in this case because medicaid was denied
due to gross income over FPL 133%

The parties have reached an agreement. The terms of the settlement are as follows:

Basis and Terms of Settlement:

AE and agency representative have agreed that
a renewal application, 2014 Full Income Tax
Return and last 30 days of pay stubs will
be submitted for reevaluation of medicaid
eligibility.

This agreement becomes effective upon approval by the Division of Medical Assistance and Health Service.

1/13/18
Date of Settlement

Ahmed Elamroussi
Client

[Signature]
Agency Representative