



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

M.V.,

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

ESSEX COUNTY DIVISION OF

FAMILY ASSISTANCE AND

HEALTH SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

ORDER OF REMAND

OAL DKT. NO. HMA 14600-2017

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. No exceptions were filed. Procedurally, the time period for the Agency Head to file a Final Decision is April 19, 2018, 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 on March 5, 2018.

This matter arises from the Essex County Division of Family Assistance and Health Services' denial of Petitioner's Medicaid eligibility due to excess resources. Prior to the scheduled OAL hearing, the parties entered into a Stipulation of Settlement whereby the parties agreed that Respondent will review documents submitted by Petitioner and will make a determination regarding the financial eligibility of Petitioner for benefits after that review.

I hereby REJECT the Settlement as the basis of the denial Petitioner's application for Medicaid benefits was excess resources. The Settlement does not resolve this issue as it relies on the subsequent submission of financial information to determine eligibility. As there are outstanding issues regarding Petitioner's financial eligibility, the Settlement does not dispose of all issues in controversy and does not resolve the denial. Nothing in the record indicates that Essex County was incorrect in denying Petitioner's application for benefits. Thus, I REJECT the Settlement Agreement as it does not comply with the law nor does it resolve the denial of Petitioner's benefits.

THEREFORE, it is on this 11th 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 denial 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 14600-17

M.V.,

Petitioner,

v.

**ESSEX COUNTY DIVISION OF FAMILY
ASSISTANCE AND HEALTH SERVICES,**

Respondent.

Frank Campisano, Esq., for Petitioner (Sedita, Campisano & Campisano,
attorneys)

Erica Sampson, Esq., for Respondent Essex County Division of Family
Assistance and Health Services

Record Closed: February 22, 2018

Decided: February 27, 2018

BEFORE, **MUMTAZ BARI-BROWN, ALJ, t/a-**

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

On the date of 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.

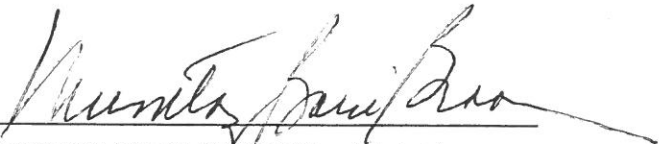
I **CONCLUDE** that this agreement meets the requirements of N.J.A.C. 1:1-19.1 and that settlement should be approved. Accordingly, I approve the settlement and **ORDER** that the parties comply with the settlement terms and that these proceedings be concluded.

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.

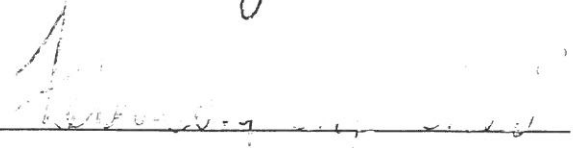
February 27, 2018

DATE



MUMTAZ BARI-BROWN, ALJ, t/a

Date Received at Agency:



Date Mailed to Parties:
db

Attachment



OFFICE OF ADMINISTRATIVE LAW

STIPULATION OF SETTLEMENT

for

DIVISION OF MEDICAL ASSISTANCE

OAL DKT. NO.: HMA 14600-17

CASE NAME: VELEHRADSKY, MARY

A hearing was requested in this case because the Agency believed that M.V. was overresourced because of ownership of CD accounts at Union County Savings Bank
The Petitioner and Respondent

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

Basis and Terms of Settlement:

The Respondent will review the documents submitted by the Petitioner and will make a determination regarding the ^{financial} responsibility of Mary Velehradsky for institutional long-term care benefits

_____ is /is not entitled to benefits as of _____ in the amount of _____.

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

02-22-2018
Date of Settlement:

M. Bari Durr, ALJ
Approved by ALJ

Client Joyce Velehradsky
by Frank R. Campisano, Esq.
[Signature]
2/22/18
Agency Representative