

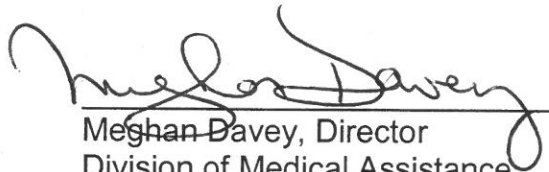
This matter arises from the denial of R.G.'s application for Medicaid benefits due to excess income. The parties entered into a settlement on the record whereby Passaic County acknowledged an error in calculating Petitioner's income and recalculated Petitioner's income, finding Petitioner eligible for Medicaid and reinstating Medicaid benefits. By Initial Decision dated January 30, 2018, 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. 1:11-19.1.

Based on my review of the record, I concur with the ALJ's findings and hereby ADOPT the Settlement Agreement.

THEREFORE, it is on this 15th day of MARCH 2018,

ORDERED:

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


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 18647-17

AGENCY DKT. NO. N/A

R.G.,

Petitioner,

v.

**PASSAIC COUNTY BOARD OF SOCIAL
SERVICES,**

Respondent.

R.G., pro se

John Koningswood, Fair Hearing Liaison, for Respondent pursuant to N.J.A.C.
1:1-5.4(a)3

Record Closed January 29, 2018

Decided: January 30, 2018

BEFORE: **JOHN P. SCOLLO**, ALJ:

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.

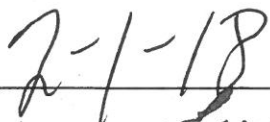
This recommended decision may be adopted, modified or rejected by the **DIRECTOR OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**, the designee of the Commissioner of the Department of Human Services, who by law is authorized to make a final decision in this matter. If the Director of the 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.


January 30, 2018
DATE



JOHN P. SCOLLO, ALJ

Date Received at Agency:





Date Mailed to Parties:
db

FEB 1 2018

DIRECTOR AND
CHIEF ADMINISTRATIVE LAW JUDGE



OFFICE OF ADMINISTRATIVE LAW

STIPULATION OF SETTLEMENT

for

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICE

OAL DKT. NO.: HMA - 18647-17

CASE NAME: R.G.

A hearing was requested in this case because of income exceeding ACA limits.

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

Basis and Terms of Settlement:

Respondent made an administrative error in calculating Petitioner's income. Petitioner has produced verification of her gross & surivet income which is below 133% eligibility level. Respondent agrees to reinstate (correct from "Cont'd benefit") to ongoing with notice as soon as possible.

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

1/29/18
Date of Settlement

[Signature]
Client

[Signature]
Judge John P. Scallo, A.L.J.

[Signature]
Agency Representative