

## State of New Jersey

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO Box 712
Trenton, NJ 08625-0712

CAROLE JOHNSON Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

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

K.M.,

PETITIONER,

**ADMINISTRATIVE ACTION** 

٧.

FINAL AGENCY DECISION

SOMERSET COUNTY BOARD

OAL DKT. NO. HMA 15624-19

OF SOCIAL SERVICES.

RESPONDENT.

As Assistant Commissioner 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 Decision is February 20, 2020 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 January 6, 2020.

The matter arises regarding the termination of Petitioner's Medicaid benefits based on Petitioner's failure to respond to redetermination. On the day of the hearing, the parties entered into a mutually acceptable agreement and Petitioner voluntarily withdrew his request for hearing.

By Initial Decision dated January 3, 2020, 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 day of FEBRUARY 2020,

ORDERED:

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

> Jennifer Langer Jacobs, Assistant Commissioner Division of Medical Assistance and Health Services