



State of New Jersey

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

CHRIS CHRISTIE
Governor

ELIZABETH CONNOLLY
Acting Commissioner

KIM GUADAGNO
Lt. Governor

MEGHAN DAVEY
Director

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

B.C.,
PETITIONER,
v.
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES AND
MIDDLESEX COUNTY BOARD OF
SOCIAL SERVICES,
RESPONDENTS.
ADMINISTRATIVE ACTION
ORDER OF REMAND
OAL DKT. NO. HMA 6676-2017

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 Decision is October 6, 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 on August 22, 2017.

This matter arises from the May 31, 2017 termination of Petitioner's Medicaid benefits due to excess resources. Specifically, in November 2016 Petitioner received a retroactive award from Social Security totaling \$64,370. At the scheduled August 14, 2017 OAL hearing, the parties entered into a settlement on the record whereby the Petitioner agreed to reimburse the State of New Jersey by October 19, 2017 those funds that exceed the \$2,000 limit.

I hereby REJECT the Settlement Agreement as treatment of a lump sum payment is set forth under 20 CFR § 416.1233. Under that rule, the funds that Petitioner received are no longer excluded from determining her Medicaid eligibility beyond the nine months' following the month of receipt. As there are outstanding issues regarding Petitioner's resource eligibility, this Agreement does not dispose of all issues in controversy. Thus, I REJECT the Settlement Agreement as it does not comply with the law nor does it address Petitioner's excess resources.

THEREFORE, it is on this ^{3rd} day of OCTOBER 2017,

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 benefits.


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 6676-17

B.C.,

Petitioner,

v.

**MIDDLESEX COUNTY BOARD OF
SOCIAL SERVICES,**

Respondent.

S.C., for petitioner, pursuant to N.J.A.C. 1:10B-5.1

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

Record Closed: August 14, 2017

Decided: August 18, 2017

BEFORE JEFFREY N. RABIN, ALJ:

This matter was transmitted to the Office of Administrative Law on May 11, 2017, for determination as a contested case, pursuant to N.J.S.A. 52:14B-1 to -15 and N.J.S.A. 52:14F-1 to -13.

The parties have agreed to a settlement and have prepared a Stipulation of Settlement indicating the terms thereof, which is attached and fully incorporated herein.

I have reviewed the record and the terms of settlement and I **FIND**:

1. The parties have voluntarily agreed to the settlement as evidenced by their signatures or their representatives' signatures.

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 the settlement should be approved. I approve the settlement and therefore **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.

August 18, 2017

DATE



JEFFREY N. RABIN, ALJ

Date Received at Agency:

8.21.17

Date Mailed to Parties: _____

8.21.17

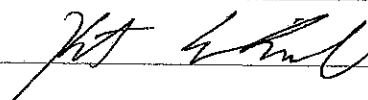
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OAL Pocket No: HMA 06676-2017 S

On this day of August 14, 2017, both parties regarding the fair hearing of Mrs. Bernadette Carrano have come to an agreement. Mr. Salvatore Carrano who is representing Mrs. Carrano, and Kurt Eichenlaub on behalf of Middlesex County Social Services have come to an agreement that by October 19, 2017, Mr. Carrano will repay that state back any monies that total over \$2,000 in Mrs. Carrano's resources in order to keep her financially eligible for Medicaid.

Mr. Carrano also agrees that he will waive all rights to a hearing at such time on 10/19/17. By October 19, 2017 for all up to date statements from the bank will be sent via fax or email to the Board of Social Services.

 Salvatore Carrano 8-14-17

 Kurt Eichenlaub 8/14/17