

## State of New Jersey

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

ELIZABETH CONNOLLY
Acting Commissioner

MEGHAN DAVEY

Director

CHRIS CHRISTIE
Governor

KIM GUADAGNO Lt. Governor

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

H.B.,

PETITIONER,

**ADMINISTRATIVE ACTION** 

FINAL-AGENCY-DEGISION-

**OAL DKT. NO. HMA 12114-16** 

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

MIDDLESEX COUNTY BOARD

OF SOCIAL SERVICES,

RESPONDENTS.

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 Agency Decision is March 13, 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 January 27, 2017.

This matter arises from the denial of Medicaid eligibility based upon excess resources. However, at the scheduled OAL hearing, the parties entered into a Settlement Agreement whereby Petitioner agreed to reapply upon completion of the spend-down.

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 <u>N.J.A.C.</u> 1:1-19.1.

Based upon my review of the record, I agree with the ALJ's conclusions and ADOPT the Settlement Agreement as based upon substantial credible evidence and consistent with applicable law.

THEREFORE, it is on this qH day of March 2017,

ORDERED: \

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

Meghan Davey, Director
Division of Medical Assistance

and Health Services