

State of New Jersey

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

FLIZABETH CONNOLLY Acting Commissioner

> MEGHAN DAVEY Director

KIM GUADAGNO Lt. Governor

CHRIS CHRISTIE

Governor

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

R.G.,

PETITIONER,

٧.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 01952-17

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

SUSSEX COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence, and the entire contents of the OAL case file. exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to file a Final Agency Decision is June 19, 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 May 3, 2017.

Based upon my review of the record, I hereby ADOPT the Initial Decision of the Administrative Law Judge (ALJ). The Division is statutorily authorized to seek reimbursement of Medicaid overpayments. Indeed, recovery in this matter is based upon N.J.S.A. 30:4D-7.i., which mandates the Division:

To take all necessary action to recover the cost of benefits incorrectly provided to . . . a recipient . . .

The undisputed facts in this case indicate that Petitioner was ineligible for Medicaid from August 1, 2014 through December 31, 2014 due to unreported employment income. As a result, I agree with the ALJ that Sussex County appropriately sought reimbursement of \$2,852.57 for Medicaid payments made during the period of ineligibility and that ten percent of the total or \$285.30 per month is a reasonable repayment amount.

THEREFORE, it is on this **b** to day of June 2017,

ORDERED:

That Petitioner reimburse the Sussex County Board of Social Services for incorrectly paid benefits in the amount of \$285.30 per month until the total amount of \$2,852.57 in overpayments is repaid.

> Meghan Davev. Direc Division of Medical Assistance

and Health Services