



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  
Commissioner

KIM GUADAGNO  
Lt. Governor

MEGHAN DAVEY  
Director

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

S.M.,

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

PASSAIC COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

ORDER OF REMAND

OAL DKT. NO. HMA 14886-2017

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 January 5, 2018 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 November 21, 2017.

This matter arises from the Passaic County Board of Social Services' (Passaic County) termination of Medicaid eligibility based on a determination that Petitioner's

income exceeds the eligibility limit. On the date of the scheduled November 13, 2017 OAL hearing, the parties entered into a settlement whereby Passaic County agreed to re-evaluate Petitioner's eligibility based on a change in Petitioner's circumstances. Petitioner will continue benefits until the review is complete and may seek another hearing if the outcome of the re-evaluation is unfavorable.

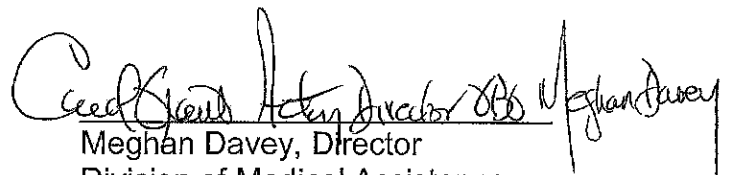
I hereby REJECT the Settlement Agreement as the basis of the September 28, 2017 termination was due to Petitioner's financial circumstances at the time of the re-determination. The Settlement Agreement does not resolve this issue as it relies on the subsequent submission of information. As there are outstanding issues regarding Petitioner's financial eligibility, this Agreement does not dispose of all issues in controversy. Moreover, the parties cannot agree to the continuation of benefits as that continuation only exists during the duration of a fair hearing. N.J.A.C.10:49-10.4.

THEREFORE, it is on this *26<sup>th</sup>* day of December 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 eligibility.

  
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 14886-17

**S.M.,**

Petitioner,

v.

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**PASSAIC COUNTY BOARD OF  
SOCIAL SERVICES,**

Respondent.

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**S.M.,** Petitioner, pro se

**John Koningswood,** Fair Hearing Liaison, for Respondent pursuant to N.J.A.C.

1:1-5.4(a)3

Record Closed: November 13, 2017

Decided: November 16, 2017

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.

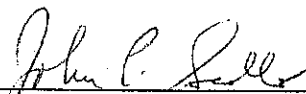
I **CONCLUDE** that this agreement meets the requirements of N.J.A.C. 1:1-19.1 and that settlement should be approved. Accordingly, I approve the settlement and **ORDER** that the parties comply with the settlement terms and that these proceedings be concluded.

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.

November 16, 2017

\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
**JOHN P. SCOLLO, ALJ**

Date Received at Agency: \_\_\_\_\_

Date Mailed to Parties: \_\_\_\_\_

db



OFFICE OF ADMINISTRATIVE LAW

STIPULATION OF SETTLEMENT

for

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICE

OAL DKT. NO.: HMA - 14886 - 17

CASE NAME: S. M.

A hearing was requested in this case because of income exceeding the eligibility level limit for 6 people.

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

Basis and Terms of Settlement:

Petitioner has indicated that there has been a change in the income of the Petitioner's spouse and that the payor age amount has also changed. Respondent will re-evaluate this change in income and immediately re-determine the family's eligibility for ACA Medicaid. Petitioner may still seek another hearing if decision is not favorable. This re-evaluation shall be done within 30 days of the date of this settlement otherwise the prior determination will remain.

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

11/13/17  
Date of Settlement

[Signature]  
Client

[Signature]  
Agency Representative