

## State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
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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

A.L.,

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

V.

OAL-DKT.-NO.-HMA-08504-16

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES &

CUMBERLAND 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 Decision is October 6, 2016, 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, 2016.

This matter arises from the Cumberland County Board of Social Services' (CCBSS) termination of Medicaid eligibility because Petitioner's income exceeded the eligibility standards. However, at the scheduled OAL hearing, the Petitioner agreed to reapply and submit current paystubs.

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. 1:1-19.1.

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 Land day of OCTOBER 2016,

ORDERED:

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

Meghan Davey, Director

Division of Medical Assistance
and Health Services