

## 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

KIM GUADAGNO
Lt. Governor

CHRIS CHRISTIE

Governor

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

W.M.,

PETITIONER,

**ADMINISTRATIVE ACTION** 

**FINAL AGENCY DECISION** 

OAL DKT, NO. HMA 11889-16

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DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES &

MERCER 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 November 28, 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 October 14, 2016.

This matter arises from the Mercer County Board of Social Services' (MCBSS) denial of Medicaid eligibility because previously undisclosed income resulted in an overpayment of \$3,003.24. At the scheduled OAL hearing, the Petitioner accepted MCBSS' determination of overpayment, agreed to repay the \$3,003.24 and withdrew her hearing request.

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 /7/day of NOVEMBER 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