

State of New Hersey

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

L.A.,

PETITIONER.

HUDSON COUNTY DEPARTMENT OF FAMILY SERVICES,

RESPONDENT.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 13410-17

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 December 8, 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 October 24, 2017.

This matter arises from the denial of Petitioner's eligibility for Medicaid based on Petitioner's failure to provide required income verification. The parties entered into a settlement on the record whereby Respondent agreed that Petitioner was eligible for Medicaid effective October 1, 2017, after Petitioner provided proof of self-employment income. By Initial Decision dated October 20, 2017, 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. 1:11-19.1.

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 day of NOVEMBER 2017,

ORDERED:

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

Meghan Davey, Director

Division of Medical Assistance

and Health Services