



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**

M.V.,

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

HUDSON COUNTY DEPARTMENT OF

FAMILY SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

ORDER OF REMAND

OAL DKT. NO. HMA 14796-17

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 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 Hudson County Department of Family Services' (Hudson County) termination of Medicaid eligibility for failure to complete a

redetermination. Prior to the scheduled November 14, 2017 OAL hearing, the parties entered into a settlement dated November 1, 2017, whereby Petitioner agreed to provide documentation previously requested by Hudson County to complete the redetermination. Hudson County agreed to review Petitioner's documentation upon receipt of the information. Petitioner has been allowed to retain continued benefits until the review is complete.

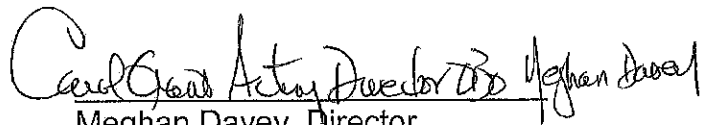
I hereby REJECT the Settlement Agreement as the basis of the September 25, 2017 termination was due to Petitioner's failure to timely complete a redetermination for Medicaid benefits. The Settlement Agreement does not resolve this issue as it relies on the subsequent submission of information with no explanation for the failure of Petitioner to provide the information prior to the September 25, 2017 termination. 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 26th 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 14796-17

M.V.,

Petitioner,

v.

**HUDSON COUNTY DEPARTMENT OF
FAMILY SERVICES,**

Respondent.

M.V., petitioner, pro se

Lisette Figueroa, Supervisor, for Respondent pursuant to N.J.A.C. 1:1-5.4(a)3

Record Closed: November 14, 2017

Decided: November 16, 2017

BEFORE **MUMTAZ BARI-BROWN**, ALJ, t/a:

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

Prior to the date of the hearing, the parties settled the matter and executed the attached Stipulation of Settlement dated November 1, 2017 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.

Mumtaz Baril Brown 16, 2017
DATE

Mumtaz Baril Brown
MUMTAZ BARIL BROWN, ALJ, t/a

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 14796-17

CASE NAME: Melissa Vanvorst 09200 36316

A hearing was requested in this case because medicaid. was terminated
due to failure to provide information.

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

Basis and Terms of Settlement:

Agency and MV agree that the following documents
will be provided prior to 11/15/17.

- Employment verification letter from babysitting job
- Inventory list of items sold and amount received
from 9/2016 - 8/2017.

This agreement is in lieu of attending the OAL
hearing on 11/14/17.

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

11/1/17

Date of Settlement

Melissa L. Vanvorst

Client

Christine Figueira (Ag)

Agency Representative

Fax 201-395-5687