

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO Box 712
TRENTON, NJ 08625-0712

CAROLE JOHNSON Acting Commissioner

MEGHAN DAVEY

Director

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

J.I.,

PETITIONER.

ADMINISTRATIVE ACTION

V.

FINAL AGENCY DECISION

DIVISION OF MEDICAL ASSISTANCE

OAL DKT. NO. HMA 16374-2017

AND HEALTH SERVICES AND

HUDSON COUNTY DEPARTMENT

OF FAMILY 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. No Exceptions were filed. Procedurally, the time period for the Agency Head to file a Final Decision is February 26, 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 January 10, 2018.

This matter arises from the denial of J.I.'s application for Medicaid benefits due to excess income. The parties entered into a settlement on the record whereby Hudson County acknowledged an error in calculating Petitioner's income and recalculated Petitioner's income, finding Petitioner eligible for Medicaid effective October 1, 2017. By Initial Decision dated January 5, 2018, 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 FEBRUARY 2018,

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