

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

Commissioner

MEGHAN DAVEY

Director

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

K.O.,

PETITIONER,

V.

DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES AND

HUDSON COUNTY DEPARTMENT

OF FAMILY SERVICES.

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 14648-2018

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 Settlement. No Exceptions were filed. Procedurally, the time period for the Agency Head to file a Final Decision is December 17, 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 October 31, 2018.

This matter arises from the denial of Petitioner K.O.'s application for Medicaid benefits by Respondent Hudson County because of Petitioner's excess income. On the scheduled hearing date, the parties agreed to settle the matter. By Initial Decision dated October 29, 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 DECEMBER 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