

State of New Jersey

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

CAROLE JOHNSON Commissioner

JENNIFER LANGER JACOBS Assistant Commissioner

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

E.O.,	:
PETITIONER,	ADMINISTRATIVE ACTION
<b>v</b> .	FINAL AGENCY DECISION
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES AND HUDSON COUNTY DEPARTMENT OF FAMILY SERVICES,	OAL DKT. NO. HMA 05178-19
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 August 16, 2019, 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 July 2, 2019.

This matter arises from the denial of Petitioner's eligibility for Medicaid based on Petitioner's resources exceeding the program eligibility limits. On the day of the fair hearing, the parties entered into a settlement on the record. By Initial Decision dated June 25, 2019, the ALJ approved the Settlement Agreement because it was consistent with the

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor law, fully disposed of all issues in controversy and was voluntarily entered into by both parties in accordance with <u>N.J.A.C.</u> 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 6 day of AUGUST 2019,

ORDERED:

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

Jennifer Langer Jacobs, Assistant Commissioner Division of Medical Assistance and Health Services