

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

CAROL GRANT
Acting Director

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

F.G.,

PETITIONER.

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DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES AND

**ESSEX COUNTY BOARD** 

OF SOCIAL SERVICES,

RESPONDENTS.

**ADMINISTRATIVE ACTION** 

FINAL AGENCY DECISION

OAL DKT. NO. HMA 04115-2019

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 Stipulation of Settlement. No exceptions were filed. Procedurally, the time period for the Agency Head to file a Final Decision is June 14, 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 April 30, 2019.

This matter arises from the denial of Petitioner F.G.'s application for Medicaid benefits by Respondent Essex County because of failure to provide necessary documentation. On the scheduled hearing date, the parties agreed to settle the matter. By Initial Decision dated April 25, 2019, the ALJ approved the Stipulation of Settlement 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 JUNE 2019,

ORDERED:

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

Carol Grant, Acting Director
Division of Medical Assistance
and Health Services