

## State of New Jersey Department of Human Services Division of Medical Assistance and Health Services P.O. BOX 712 TRENTON NJ 08625-0712

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PHILIP D. MURPHY Governor

> Sheila Y. Oliver Lt. Governor

Carole Johnson Commissioner

Meghan Davey Director

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

H.I.,

PETITIONER,
٧.
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES AND
HUDSON COUNTY BOARD OF
SOCIAL SERVICES,
RESPONDENTS.

ADMINISTRATIVE ACTION FINAL AGENCY DECISION OAL DKT. NO. HMA 17479-2018

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 the Settlement Agreement reached by the parties. Procedurally, the time period for the Agency Head to file a Final Decision is March 11, 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 January 25, 2019.

This matter concerns the denial of Petitioner's benefits due to excess income. The Settlement Agreement withdraws Petitioner's request of a fair hearing and he would provide information to see if he qualifies for the Medically Needy program. In the Initial Decision dated January 22, 2019, 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 <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 5 day of MARCH 2019,

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