



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

PO Box 712

TRENTON, NJ 08625-0712

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

J.O.,

:

PETITIONER,

ADMINISTRATIVE ACTION

v.

FINAL AGENCY DECISION

HUDSON COUNTY DEPARTMENT OF :

OAL DKT. NO. HMA 10429-18

FAMILY SERVICES AND DIVISION OF :

MEDICAL ASSISTANCE AND :

HEALTH 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 approving the Settlement Agreement reached by the parties. Procedurally, the time period for the Agency Head to file a Final Decision is April 26, 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 March 12, 2019.

This matter arises from Respondent's denial of Petitioner's Medicaid eligibility. The parties entered into a settlement on the record whereby they agreed to a retroactive

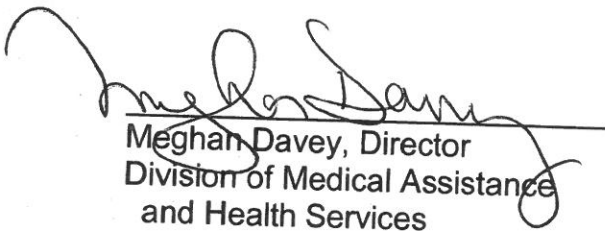
two hundred twenty (220) day period of ineligibility for Petitioner. The ALJ approved the Settlement Agreement because it was consistent with the law, fully disposed of all issues in controversy and was voluntarily entered into by both parties in accordance with N.J.A.C. 1:11-19.1.

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 10th day of APRIL 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