

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

J.T.,

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 16612-2018

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 January 28, 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 December 14, 2018.

This matter concerns the termination of Petitioner's benefits due to excess resources. The Settlement Agreement indicates that Petitioner's resources currently render him ineligible for Medicaid benefits. Petitioner can reapply after the resources are spent down. In the Initial Decision dated December 12, 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 X day of JANUARY 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