

## State of New Jersey

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

JENNIFER LANGER JACOBS
Assistant Commissioner

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

L.M.,

PETITIONER.

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DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES AND

BERGEN COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

**ADMINISTRATIVE ACTION** 

FINAL AGENCY DECISION

OAL DKT. NO. HMA 3669-2019

As Assistant Commissioner 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 September 30, 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 August 14, 2019.

This matter concerns the assessment of an overpayment for Petitioner's incorrectly received Medicaid benefits. By way of settlement, the parties agreed to resolve

the issues and Petitioner agreed to enter into a repayment plan for the amount owed.

In the Initial Decision dated August 8, 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 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 Stay of SEPTEMBER 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