

This matter arises from Bergen County Board of Social Services' attempt to recoup benefits which were incorrectly provided to Petitioner as a result of undisclosed resources, resulting in an overpayment of \$14,144.72. At the scheduled OAL hearing, the Petitioner accepted BCBSS' determination of overpayment, and the parties entered into a settlement agreement on the record wherein Petitioner agreed to pay the full amount beginning with an initial lump sum payment of \$8,000 followed by monthly payments of \$275.00 until it is paid back entirely.

By Initial Decision dated December 19, 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.

I hereby REJECT the Settlement Agreement. The State of New Jersey's interests are not protected by the terms of the settlement. The agreement fails to address the consequence if Petitioner fails to make payments during the course of the next two (2) years. The matter can be submitted to the Set-Off Individual Liability (SOIL) program, which would recoup the overpayment from tax refunds, rebates or lottery winnings. In addition, a certificate of debt could be filed under N.J.S.A. 30:4D-17(h) to protect the State's recovery. Absent such protections, I cannot accept the agreement and hereby REJECT the Settlement Agreement and REMAND the matter to the OAL for further proceedings.

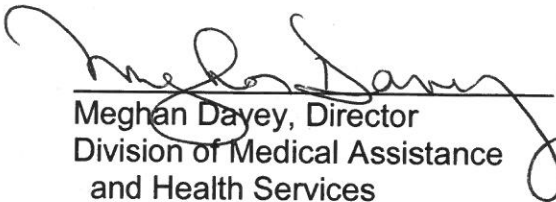
I hereby REJECT the Settlement Agreement.

THEREFORE, it is on this 30th day of JANUARY 2019,

ORDERED:

That the Initial Decision approving the terms of the Settlement Agreement in this matter is hereby REJECTED; and

That the matter is hereby REMANDED to the Office of Administrative Law for further action.


Meghan Dayey, Director
Division of Medical Assistance
and Health Services



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

SETTLEMENT

OAL DKT. NO. HMA 15227-18

N.K.,

Petitioner,

v.

**BERGEN COUNTY BOARD OF
SOCIAL SERVICES,**

Respondent.

N.K., Petitioner, pro se

Maria D'Elia, Human Service Specialist 4, for Respondent pursuant to N.J.A.C.
1:1-5.4(a)3

Record Closed: December 18, 2018

Decided: December 19, 2018

BEFORE **THOMAS R. BETANCOURT**, ALJ:

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

Prior to the date of the hearing, the parties settled the matter and executed the attached Stipulation of Settlement dated November 1, 2017 indicating the terms of agreement.

Having reviewed the record and the settlement terms, I **FIND**:

1. The parties have voluntarily agreed to the settlement as evidenced by their signatures or the signatures of their representatives.
2. The settlement fully disposes of all issues in controversy and is consistent with the law.

I **CONCLUDE** that this agreement meets the requirements of N.J.A.C. 1:1-19.1 and that settlement should be approved. Accordingly, I approve the settlement and **ORDER** that the parties comply with the settlement terms and that these proceedings be concluded.

I hereby **FILE** my initial decision with the **DIRECTOR OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** for consideration.

This recommended decision may be adopted, modified or rejected by the **DIRECTOR OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**, the designee of the Commissioner of the Department of Human Services, who by law is authorized to make a final decision in this matter. If the Director of the Division of Medical Assistance and Health Services does not adopt, modify or reject this decision within forty-five days and unless such time limit is otherwise extended, this recommended decision shall become a final decision in accordance with N.J.S.A. 52:14B-10.

12/19/18
DATE


THOMAS R. BETANCOURT, ALJ

Date Received at Agency:

Date Mailed to Parties:
db



OFFICE OF ADMINISTRATIVE LAW

STIPULATION OF SETTLEMENT

for

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICE

OAL DKT. NO.: HMA 15227-18

CASE NAME: NK V BERGEN

A hearing was requested in this case because MEDICAID
OVER PAYMENT OF \$14,144.72

The parties have reached an agreement. The terms of the settlement are as follows:

Basis and Terms of Settlement:

PETITIONER TO PAY \$8,000 TOWARDS
OVER PAYMENT AND WILL REPAY THE
BALANCE AT THE RATE OF \$275
PER MONTH UNTIL PAID IN FULL.

ACTUAL AMOUNT DUE TO BE CALCULATED
TO END OF THE MONTH OF AUGUST 2018.

\$8,000 TO BE PAID WITHIN 10 DAYS
OF 12/18/18

This agreement becomes effective upon approval by the Division of Medical Assistance and Health Service.

12/18/18

Date of Settlement



NARIMAN KABOUS

BY Client HER AGENT

NELLY KABOUS


HSS4
Agency Representative