

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

SARAH ADELMAN Acting Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

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

E.S.,

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 04267-20

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UNION COUNTY BOARD OF SOCIAL SERVICES,

RESPONDENTS.

As Assistant Commissioner for 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 20, 2021, 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 6, 2021.

This matter arises from the Union County Board of Social Services' (UCBSS) determination that Petitioner has received a \$14,346.43 Medicaid overpayment due to failure to report earned income. At the scheduled OAL hearing, the parties agreed to settle the matter and Petitioner agreed to repay \$10,000.

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> 1:1-19.1.

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 13th day of SEPTEMBER 2021,

ORDERED:

That the Initial Decision affirming the terms of the Settlement in this matter is hereby ADOPTED.

Jennifer Langer Jacobs, Assistant Commissioner
Division of Medical Assistance
and Health Services