

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

S.H.,

PETITIONERS,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 04565-20

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UNION COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

As Assistant Commissioner for the Division of Medical Assistance and Health Services (DMAHS), I have reviewed the record in this matter, including the Initial Decision and the OAL case file. Neither party filed exceptions to the Initial Decision. Procedurally, the time period for the Agency Head to render a Final Agency Decision is December 2, 2021, in accordance with an Order of Extension. The Initial Decision was received on September 3, 2021.

Based upon my review of the record, I hereby ADOPT the Initial Decision of the Administrative Law Judge (ALJ). The Division is statutorily authorized to seek reimbursement of Medicaid overpayments. Indeed, the Division is mandated to "to take all necessary action to recover the cost of benefits incorrectly provided to...a recipient..."

N.J.S.A. 30:4D-7.i

The undisputed facts in this matter indicate that Petitioner was ineligible for Medicaid due to unreported income from employment beginning in the first quarter of 2015 and ending with her termination form the program in 2019. As a result, I agree with the ALJ that the Union County Board of Social Services (UCBSS) appropriately sought reimbursement of Medicaid benefits made during the period of ineligibility.

THEREFORE, it is on this 5th day of NOVEMBER021,

ORDERED:

That Petitioner reimburses UCBSS for incorrectly paid benefits in the amount of \$28,836.04 pursuant to a reasonable repayment plan.

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