

State of New Jersey

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Governor

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DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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JENNIFER VELEZ
Commissioner

VALERIE HARR Director

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

B.G.,

PETITIONER,

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DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

MORRIS COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

**ADMINISTRATIVE ACTION** 

FINAL AGENCY DECISION

OAL DKT. NO. HMA 04378-14

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence, the contents of the OAL case file and Petitioner's exceptions to the Initial Decision. Procedurally, the time period for the Agency Head to file a Final Agency Decision is February 19, 2015 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 January 5, 2015.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. The income standard for the New Jersey Care . . . Special Medicaid (New Jersey Care) program is \$973 per month for an individual. Consequently, Petitioner's countable monthly income of \$976 exceeds the \$958 income limit for an individual under the New Jersey Care program, which had been established in accordance with the poverty income guidelines set by the U.S. Department of Health and Human Services pursuant to the Omnibus Budget Reconciliation Act of 1981 (Pub.L. 97-35) and which information was disseminated by Respondent via Medicaid Communication No. 13-01 (dated February 19, 2013).

The monthly standard is one-tenth of the annual poverty income guideline rounded down to the next whole dollar amount for household unit sizes of one and two for aged, blind, and disabled individuals. <u>Id</u>. However, if the countable income of an individual applicant exceeds the federal poverty income guideline for one person, that individual is ineligible for benefits and income deeming (i.e., the consideration of household composition) does not apply. <u>N.J.A.C.</u> 10:72-4.4(d)1. The state regulatory framework is consistent with the Social Security Act, which provides that, to be eligible for Medicaid benefits, an individual's income must not exceed the level established by a state. 42 <u>U.S.C.A</u> Section 1396(m)(2)(A) (emphasis added).

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<sup>&</sup>lt;sup>1</sup> Shortly after Morris County Board of Social Services issued its February 27, 2014 termination notice, the income standard was increased to \$973. Morris County reevaluated Petitioner's redetermination, but determined that his monthly income exceeded the new standard by \$3.

In this case, the ALJ and the Morris County Board of Social Services (MCBSS) correctly concluded that Petitioner was ineligible to receive benefits because his monthly income exceeds the New Jersey Care program income limit. However, Petitioner should consult with the MCBSS regarding a possible reapplication for benefits in February or March 2015, once the Federal guidelines establishing poverty levels are issued. It is possible that Petitioner's monthly income may fall below the new poverty levels making him eligible for benefits under the New Jersey Care program.

THEREFORE, it is on this 29th day of JANUARY 2015,

ORDERED:

That the Initial Decision AFFIRMING the termination of Medicaid benefits based upon excess income is hereby ADOPTED.

Valerie J. Harr, Director Division of Medical Assistance

and Health Services