

State of New Jersey

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Lt. Governor

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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SARAH ADELMAN Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

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

B.D..

PETITIONER,

ADMINISTRATIVE ACTION

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FINAL AGENCY DECISION

DIVISION OF MEDICAL ASSISTANCE

OAL DKT, NO. HMA 02309-2021

AND HEALTH SERVICES AND

MORRIS COUNTY OFFICE OF

TEMPORARY ASSISTANCE

RESPONDENTS.

As Assistant Commissioner for the Division of Medical Assistance and Health Services (DMAHS), I have reviewed the record in this case, including the Initial Decision and the Office of Administrative Law (OAL) case file. No exceptions were filed in this matter. Procedurally, the time period for the Agency Head to render a Final Agency Decision is March 6, 2023, in accordance with an Order of Extension.

This matter concerns Petitioner's post-eligibility treatment of income and his contribution to care. Petitioner became a resident of a long-term care facility as a result of suffering a stroke. ID at 2. Petitioner's application for Medicaid benefits was approved by the Morris County Office of Temporary Assistance (Morris County) through letter dated December 2, 2020. R-4. Petitioner was granted Medicaid benefits effective October 1, 2020.

<u>libid.</u> Morris County imposed a cost of care contribution based upon Petitioner's gross salary received from the City of New York and monthly Social Security benefits, in accordance with N.J.A.C. 10:71-5.7. Petitioner argues that his net income, rather than his gross income, should have been used by Morris County to determine Petitioner's cost of care contribution.

The Initial Decision determined that Morris County appropriately determined Petitioner's cost of care contribution based on Petitioner's gross income. I concur. All income, unless exempted, is used to calculate an applicant's cost of care contribution, after any deductions are made pursuant to N.J.A.C. 10:71-5.7. N.J.A.C. 10-71-5.1 only makes reference to using net income in eligibility calculations when the income is the result of self-employment. See N.J.A.C. 10:71-5.7(b)2 (defining earned income to include "the net earnings as a result of self-employment"). That net income distinction does not apply to payments reserved by an individual for services performed as an employee, and therefore, the gross income of that employee is used for eligibility calculations, including an applicant's cost of care contribution. Here, Petitioner was employed by the City of New York and was not self-employed. Accordingly, his gross, rather than net, income was appropriately used in the post-eligibility calculation of his cost of care contribution.

Thus, based upon my review of the record and for the reasons set forth herein, I hereby ADOPT the ALJ's recommended decision, and FIND that Petitioner's cost of care contribution was correctly calculated based upon his gross income at the time of application with all the applicable deductions.

THEREFORE, it is on this 3rd day of MARCH 2023

ORDERED:

That the Initial Decision is hereby ADOPTED.

Carol A Grant OBO Jennifer Langer Jacobs

Digitally signed by Carol A Grant OBO Jennifer Langer Jacobs Date: 2023.03.03 15:27:30 -05'00'

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