

DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES PO Box 712

TRENTON, NJ 08625-0712

SARAH ADELMAN Commissioner

JENNIFER LANGER JACOBS Assistant Commissioner

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

T.Y.,

PHILIP D. MURPHY

Governor

SHEILA Y. OLIVER

Lt. Governor

PETITIONER.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 05123-22

ESSEX 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 matter, consisting of the Initial Decision, the documents in evidence and the contents of the OAL case file. No exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to render a Final Agency Decision is March 16, 2022 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 the agency's receipt. The Initial Decision was received on December 14, 2022.

This matter arises from the Essex County Board of Social Services' (ECBSS) June 3, 2022 determination that Petitioner was ineligible for the Aged, Blind and Disabled (ABD) Medicaid program due to excess income. This is the notice that was appealed and

transmitted to the Office of Administrative Law (OAL). The undisputed evidence in the record

indicates that Petitioner's gross social security benefits are \$1,781 per month. When

combined with his wife's income, Petitioner's total countable income is \$5,532.43. This

amount exceeds the maximum income limit for a household of two under the Medicaid

program income eligibility standards. There is simply no authority that permits the relaxation

or waiver of the income limits in any individual case, and the ECBSS was correct to deny

Medicaid eligibility for the ABD program based on Petitioner's total countable income.

However, ECBSS' decision to evaluate Petitioner for the ABD program was based

on the assumption that Petitioner's initial MLTSS application had been denied as a result of

the PAS being denied. There is no evidence in the record to establish that Petitioner's PAS

was rejected. While the determination of clinical eligibility lies with the Office of Community

Choice Options (OCCO) and not the county, I am concerned with the proper processing of

Petitioner's initial Medicaid application for MLTSS services. Therefore, this matter should be

returned to the County for follow up with OCCO regarding Petitioner's Medicaid status.

THEREFORE, it is on this 14th day of FEBRUARY 2023,

ORDERED:

That the Initial Decision is hereby REVERSED with regard to Petitioner's ABD

eligibility; and

That the Initial Decision is RETUNRED to ECBSS for further evaluation of the

Petitioner's May 2022 Medicaid application.

Jennifer Langer Jacobs, Assistant Commissioner

Division of Medical Assistance

and Health Services