

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES PO Box 712 TRENTON, NJ 08625-0712

CAROLE JOHNSON Commissioner

JENNIFER LANGER JACOBS Assistant Commissioner

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

C.V.,

PETITIONER.

DIVISION OF MEDICAL ASSISTANCE: AND HEALTH SERVICES AND BERGEN COUNTY BOARD OF SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 3339-2020

As Assistant Commissioner of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision, the OAL case file and the documents filed below. Neither party filed exceptions to the Initial Decision in Procedurally, the time period for the Agency Head to render a Final Agency this matter. Decision is December 31, 2020 in accordance with an Order of Extension.

The matter arises regarding the denial of Petitioner's December 2019 Medicaid benefits for Petitioner due to excess income. Bergen County determined that Petitioner's household was comprised of herself and her husband. Both were applying for benefits and received countable earned and unearned income totaling \$1,913.66 a month. In 2019, the income limit was \$1,410. In 2020, the limit increased to \$1,437. See Medicaid Communications No. 19-03 and No.20-02. As such, benefits were denied.

The Initial Decision upheld the denial and found that the couple's income exceeded the threshold for 2019. Similarly, their income exceeds the income standard for 2020. It appears that Petitioner is only comparing the couple's earned income with the income standard. As explained in the Initial Decision, earned and unearned income is used in the calculation of Medicaid eligibility and the couple's combined income exceeds the income standard. See N.J.A.C. 10:71-5.1.

After reviewing the record, I agree that Petitioner's application was properly denied. Petitioner may be eligible for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program by calling 1-800-792-9745. Thus, I hereby ADOPT the Initial Decision and uphold Bergen County's denial of Petitioner's application for Medicaid due to excess income.

THEREFORE, it is on this ^{28th} day of DECEMBER 2020,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Jennifer Langer Jacobs, Assistant Commissioner Division of Medical Assistance

and Health Services

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