



State of New Jersey

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

M.H.,

PETITIONER,

v.

MIDDLESEX COUNTY BOARD OF
SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 09509-21

As Assistant Commissioner for 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. No exceptions were filed in this matter. Procedurally, the time period for the Agency Head to file a Final Decision is August 8, 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 receipt. The Initial Decision was received on June 23, 2022.

The matter arises regarding the Middlesex County Board of Social Services' (MCBSS) September 28, 2021 denial of Petitioner's Medicaid benefits due to excess income. MCBSS contends that Petitioner's income, which included an annuity that pays her \$8,740 per month and social security of \$1,255.50 per month for a total of \$9,995.50 per month, exceeds the private pay rate for the facility. Petitioner's facility charges her \$226 a day for a semi-private room. She also incurs costs associated with her Medicare premium, Medicare supplemental

plan and prescription drugs. These total expenses put her at a deficit each month.

Medicaid is a federally-created, state-implemented program designed, in broad terms, to ensure that qualified people who cannot afford necessary medical care are able to obtain it. See 42 U.S.C.A. § 1396, et seq., Title XIX of the Social Security Act ("Medicaid Statute"). The overarching purpose of the Medicaid program is to provide benefits to qualified persons "whose income and resources are insufficient to meet the cost of necessary medical services." 42 U.S.C.A. § 1396-1. It "is designed to provide medical assistance to persons whose income and resources are insufficient to meet the costs of necessary care and services." Atkins v. Rivera, 477 U.S.154, 156 (1986). In setting up the Qualified Income Trust (QIT) the federal courts described situations where individuals in nursing homes had incomes that were "too low to enable them to pay their own nursing home costs, but too high to qualify for Medicaid benefits." Miller v. Ibarra, 746 F.Supp. 19 (1990).

The Initial Decision reversed the denial finding that the regulations required examination of whether the Petitioner's total income exceeded her total medical costs. I concur that this is the analysis to be done. However, as noted by the ALJ, the record is incomplete with regard to Petitioner's other eligibility factors. As such, the matter is hereby RETURNED to MCBSS to continue its eligibility determination of Petitioner's July 13, 2021 Medicaid application. This Final Agency Decision should not be construed as making as findings with regard to Petitioner's eligibility.

THEREFORE, it is on this 2nd day of AUGUST 2022,

ORDERED:

That the Initial Decision is hereby ADOPTED; and

That the matter is hereby RETURNED to Middlesex County for further action on Petitioner's application.



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