

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER
Lt. Governor

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

SARAH ADELMAN Acting Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

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

S.S.,

PETITIONER.

V

MIDDLESEX COUNTY BOARD OF SOCIAL SERVICES,

RESPONDENTS.

**ADMINISTRATIVE ACTION** 

FINAL AGENCY DECISION

OAL DKT. NO. HMA 02133-21

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 July 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 May 24, 2022.

The matter arises regarding the denial of Petitioner's Medicaid benefits due to excess income. There were no exhibits marked in to evidence and no witnesses testified at the

hearing. The only documents in the record below consist of Petitioner's brief and the notices filed with the transmittal of Petitioner's fair hearing request to the OAL. The February 3 and 4, 2021 notices from the Middlesex County Board of Social Services (MCBSS) state that the client's income and resources exceeded the Medicaid limits. With regard to income, the February 3, 2021 notice stated that Petitioner's income exceeded the standard monthly semi-private pay rate of \$490 per day. Although she does not evidence of the cost of her actual care, Petitioner argues that the MCBSS should calculate financial eligibility on the basis of actual needs and costs rather than a standardized room rate.

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 and prior decisions 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 previously noted, Petitioner's medical costs have not been established. As such, the matter is hereby RETURNED to MCBSS to further analyze Petitioner's income and resources in accordance with this Decision. This Final Agency Decision should not be construed as making as findings with regard to Petitioner's eligibility.

THEREFORE, it is on this 27 day of JUNE 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.

Carol Grant OBO Jennifer Langer Jacobs Digitally signed by Carol Grant OBO Jennifer Langer Jacobs Date: 2022.06.27 14:44:19 -04'00'

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