



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 08199-24

E.H.,

Petitioner,

v.

**BERGEN COUNTY BOARD
OF SOCIAL SERVICES,**

Respondent.

E.H., petitioner, pro se

Jill Cotter, Fair Hearing Liaison, for respondent, pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: October 29, 2024

Decided: November 1, 2024

BEFORE **KELLY J. KIRK**, ALJ:

STATEMENT OF THE CASE

The Bergen County Board of Social Services (county social services agency (CSSA)) terminated E.H.'s New Jersey FamilyCare Medicaid due to income ineligibility.

Petitioner requested a hearing and the Division of Medical Assistance and Health Services (Division) transmitted the contested case to the Office of Administrative Law

(OAL), where it was filed on June 18, 2024. The hearing was held on October 29, 2024, on which date the record closed.

FACTUAL FINDINGS

Petitioner has a wife and five children. (P-1.) Petitioner submitted a Medicaid application on March 1, 2024, for his April 2024 redetermination for himself, his wife, one adult child and two minor children. (R-2.) Three of petitioner's children attend college. (P-1.)

Petitioner's 2023 W-2 reflects gross income of \$100,884.78, which would equal \$8,407.07 per month. (P-1.) The DOVE report reflects 2024 first-quarter earnings of \$35,003, which would equal \$11,667.67 per month, and Equifax verified bi-weekly earnings of \$5,000.47, which would equal (using a multiplier of 2.167) \$10,836.02 per month. (P-1.) The CSSA utilized the lowest monthly income of the three (\$8,407.07) to determine eligibility.

For a household unit of five, 138% (133% Federal Poverty Line (FPL) income standard less a five percent disregard) for the adults is \$4,207 per month, and 147% (142% FPL income standard less a five percent disregard) of the FPL for the children is \$4,482 per month.

By letter dated May 14, 2024, the CSSA terminated Medicaid pursuant to 42 C.F.R. § 435.119(b)(5) because petitioner's income exceeded the income standard. Medicaid for the adults was terminated on May 31, 2024, and they were referred to apply at the New Jersey State Based Exchange. Medicaid for the children was terminated on August 31, 2024, and they were referred to New Jersey FamilyCare in Trenton. The minor children presently have active benefits with Conduent.

Petitioner's testimony and documents reflect various medical conditions (stroke, diabetes, heart surgery, several heart attacks, a blood clot (DVT), facial drooping, and back surgery), and financial expenses exceeding \$10,000 monthly, including, but not limited to, his mortgage, utilities, telephone/internet, and school and college.

ANALYSIS AND CONCLUSIONS

The CSSA must provide Medicaid to individuals who: (1) are age 19 or older and under age 65; (2) are not pregnant; (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act; (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and (5) have household income that is at or below 133 percent FPL for the applicable family size. 42 C.F.R. § 435.119(b). A State may not provide Medicaid under this section to a parent or other caretaker relative living with a dependent child if the child is under the age specified in 42 C.F.R. § 435.119(c)(2), unless such child is receiving benefits under Medicaid, the Children's Health Insurance Program, or otherwise is enrolled in minimum essential coverage as defined in 42 C.F.R. § 435.4. 42 C.F.R. § 435.119(c)(1).

138% of the FPL is \$4,207 per month, and 147% of the FPL is \$4,482 per month. Petitioner's income, even using the lowest figures, is at least \$8,407.07, which is almost double the limit. As such, I **CONCLUDE** that petitioner's monthly income exceeds the Medicaid income limit, and the household is therefore ineligible.

ORDER

It is **ORDERED** that the CSSA's termination of Medicaid is **AFFIRMED**.

I **FILE** this initial decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**. This recommended decision is deemed adopted as the final agency decision under 42 U.S.C. § 1396a(e)(14)(A) and N.J.S.A. 52:14B-10(f). The **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** cannot reject or modify this decision.

If you disagree with this decision, you have the right to seek judicial review under New Jersey Court Rule 2:2-3 by the Appellate Division, Superior Court of New Jersey,

Richard J. Hughes Complex, PO Box 006, Trenton, New Jersey 08625. A request for judicial review must be made within 45 days from the date you receive this decision. If you have any questions about an appeal to the Appellate Division, you may call (609) 815-2950.

November 1, 2024



DATE

KELLY J. KIRK, ALJ

Date Record Closed:

OCTOBER 29, 2024

Date Filed with Agency:

November 1, 2024

Date Sent to Parties:

November 1, 2024

am

APPENDIX

List Of Witnesses

For Petitioner:

E.H.

For Respondent:

Jill Cotter

Exhibits In Evidence

For Petitioner:

P-1 Petitioner Packet

For Respondent:

R-1 CWA Packet