



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 07535-24

AGENCY DKT. NO. N/A

F.A.,

Petitioner,

v.

**BURLINGTON COUNTY BOARD OF
SOCIAL SERVICES,**

Respondent.

F.A., petitioner, pro se

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

Record Closed: September 18, 2024

Decided: October 9, 2024

BEFORE **KIMBERLEY M. WILSON**, ALJ:

STATEMENT OF THE CASE

Petitioner F.A. appeals the determination of the respondent Burlington County Board of Social Services (Agency) finding him ineligible for New Jersey FamilyCare Aged, Blind and Disabled Programs Medicaid benefits because his income exceeds the maximum allowable limit.

PROCEDURAL HISTORY

On or around February 12, 2024, F.A. submitted a New Jersey FamilyCare Aged, Blind and Disabled Programs (Application) to the Agency. (R-1, Ex. A.) On or around March 25, 2024, the Agency advised F.A. that his Application was denied. (Id., Ex. C.) On May 10, 2024, F.A. requested a fair hearing. The New Jersey Division of Medical Assistance and Health Services (DMAHS) transmitted the matter to the Office of Administrative Law, where it was filed as a contested case on June 4, 2024. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13.

The hearing was held on September 18, 2024, and the record closed that day.

FACTUAL DISCUSSION AND FINDINGS

The following **FACTS** are not in dispute, and I so **FIND**:

1. On or around February 12, 2024, F.A. submitted the Application to the Agency. (R-1, Ex. A.)
2. On or around March 25, 2024, the Agency sent a letter to F.A., indicating that the Application was denied because his income exceeded program limits. (Id., Ex. C.)

Testimony

For respondent:

Christine Gwin (Gwin), fair hearing liaison, testified that the Agency received the Application online. The Agency ran online searches to verify F.A.'s income through the State On-Line Query system, and those searches indicated that F.A. was receiving \$1,931 monthly in Social Security Retirement, Survivors and Disability Insurance benefits and \$951 in Social Security survivor benefits. (Id., Ex. B.) F.A.'s total monthly gross income was \$2,882.

Effective January 1, 2024, the monthly income limit for a household of one is \$1,255; the resource limit is \$4,000. (Id., Ex. F.)

For petitioner:

F.A. did not testify or present any evidence.

Factual findings

It is the obligation of the fact finder to weigh the credibility of the witnesses before making a decision. Credibility is the value that a fact finder gives to a witness' testimony. Credibility is best described as that quality of testimony or evidence that makes it worthy of belief. "Testimony to be believed must not only proceed from the mouth of a credible witness but must be credible in itself. It must be such as the common experience and observation of mankind can approve as probable in the circumstances." In re Estate of Perrone, 5 N.J. 514, 522 (1950). To assess credibility, the fact finder should consider the witness' interest in the outcome, motive, or bias. "A trier of fact may reject testimony because it is inherently incredible, or because it is inconsistent with other testimony or with common experience, or because it is overborne by other testimony." Congleton v. Pura-Tex Stone Corp., 53 N.J. Super. 282, 287 (App. Div. 1958).

Having had the opportunity to hear Gwin and review the documentation she presented, I accept Gwin's testimony as credible. Gwin's testimony was direct and consistent, particularly as it pertained to the Agency's review of F.A.'s Application and determination that his monthly income exceeded federal poverty limits. F.A. did not testify, so a determination on his credibility is not required.

Accordingly, I **FIND** the following additional **FACTS**:

1. The Agency received the Application online.
2. The Agency ran online searches to verify F.A.'s income through the State On-Line Query system, and those searches indicated that F.A. was

receiving \$1,931 monthly in Social Security Retirement, Survivors and Disability Insurance benefits and \$951 in Social Security survivor benefits.

3. F.A.'s total monthly gross income was \$2,882.
4. Effective January 1, 2024, the monthly income limit for a household of one is \$1,255; the resource limit is \$4,000.

LEGAL ANALYSIS AND CONCLUSIONS

Medicaid is a cooperative federal-state venture established by Title XIX of the Social Security Act. 42 U.S.C. § 1396, et seq. 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); see also 42 U.S.C. § 1396-1; N.J.S.A. 30:4D-2. The New Jersey Medical Assistance and Health Services Act, N.J.S.A. 30:4D-1 to -19.5, created New Jersey's Medicaid program and DMAHS to perform administrative and operational functions related to the program. See N.J.S.A. 30:4D-4. Once the state joins the program, it must comply with Medicaid statute and federal regulations. Harris v. McRae, 448 U.S. 297, 301 (1980). Finally, Medicaid benefits must be provided to individuals whose household income is at or below 133 percent of the federal poverty level based on the family size. 42 C.F.R. § 435.119(b)(5) (2024).

Because the Agency denied F.A.'s Application for benefits, the Agency bears the burden of proof by a preponderance of the evidence that F.A.'s Application should have been denied. See WCI-Westinghouse, Inc. v. Edison Twp., 7 N.J. Tax 610, 630 (Tax Ct. 1985), aff'd, 9 N.J. Tax 86 (App. Div. 1986). From the evidence in this record, the Agency has satisfied its burden.

F.A.'s monthly income, as calculated when his Application was processed, exceeds 133 percent of the federal poverty limit, making him ineligible for Medicaid benefits. The Agency calculated F.A.'s monthly income at \$2,882; the income limit for the New Jersey FamilyCare Medicaid program for single adults and parents is \$1,255.

F.A.'s income exceeds the income limit by \$1,627. For this reason alone, the Agency did not err when determining that F.A. was not eligible for Medicaid benefits.

Accordingly, I **CONCLUDE** that the Agency correctly determined that F.A. was not eligible for Medicaid benefits.

ORDER

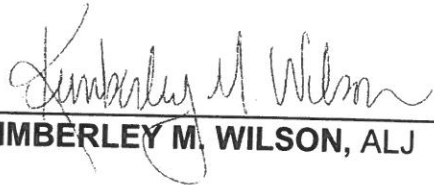
Based upon the foregoing, the Agency's decision that F.A. was not eligible for Medicaid benefits is hereby **AFFIRMED**.

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.

October 9, 2024

DATE


KIMBERLEY M. WILSON, ALJ

Date Received at Agency:

Mailed to Parties:

KMW/dw

APPENDIX

Witnesses

For petitioner:

None

For respondent:

Christine Gwin

Exhibits

For petitioner:

None

For respondent:

- R-1 Fair Hearing Packet containing the following documents:
- Table of contents and list of exhibits
 - Case Summary
 - NJ FamilyCare Aged, Blind, Disabled Programs application
 - SOLQ response screens dated February 15, 2024
 - Letter to F.A. from the Agency denying the Application dated March 25, 2024
 - Regulation
 - DMAHS income standards effective January 1, 2024