



**State of New Jersey**  
OFFICE OF ADMINISTRATIVE LAW

**INITIAL DECISION**

OAL DKT. NO. HMA 13363-23

AGENCY DKT. NO. N/A

**F.D.,**

Petitioner,

v.

**ESSEX COUNTY BOARD**

**OF SOCIAL SERVICES,**

Respondent.

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F.D., petitioner, pro se

**Charity Ochonye and Rebecca Smith** appearing for respondent Essex County Board of Social Services, pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: March 4, 2024

Decided: May 10, 2024

BEFORE **ANDREW M. BARON**, ALJ:

**STATEMENT OF THE CASE AND PROCEDURAL HISTORY**

Petitioner appeals the denial of Medicaid eligibility under the Aged, Blind and Disabled Program for being over the income limit for eligibility to participate in the program.

The within appeal was filed the within appeal was filed on his behalf on December 4, 2023., and the matter was transferred and filed as a contested case with the Office of Administrative Law under N.J.S.A. 52:14B-2(b).

### DISCUSSION

Petitioner comes across as a credible witness described that survived triple bypass surgery and is no longer able to work became eligible for the Aged, Blind and Disabled Program in July 2019.

He receives \$829.00 a month in Social Security income, his spouse receives Social Security benefits in the amount of \$405.00 a month to supplement their household income because petitioner is unable to work, his wife works part-time and at the time of application, in October 2023 she earned \$1,608.68.

The maximum allowable income under this Medicaid program at the time he was terminated is \$1,644.00 a month, therefore with combined household income of \$1,985.00 petitioner was approximately \$340.00.00 a month over the limit after the set aside reduced their earned income to \$771.84 a month.

Subsequent to this hearing, petitioner was advised to apply for MLTSS eligibility, based on the information available at the time. That program has higher financial limits and might assist petitioner and his wife with their need for assistance, especially since he indicated there are certain things he can no longer do.

### FINDINGS OF FACT

Based upon due consideration of the facts stipulated by both parties as accurate, I **FIND** the following **FACTS**:

1. Petitioner was a resident of Belleville, and after becoming eligible for benefits under the Aged, Blind and Disabled program in July 2019, he was subject to a re-evaluation.

2. Petitioner's income is \$829.00 in Social Security benefits and, his spouse receives \$405.00 in monthly Social Security benefits, which exceeds the maximum allowed which is \$1644.00 a month. That number has no flexibility, other than a \$20.00 set aside.
3. Accordingly, after a review of all available income, that still left \$340.00 in excess monthly income thereby being deemed ineligible for the Age, Blind and Disabled Program.
4. Accordingly, **I FIND** that the termination of eligibility for the Aged, Blind and Disabled Program, was appropriate, and is hereby **AFFIRMED**.
5. At the time of hearing, petitioner was encouraged to reapply in the event his wife reduced her work hours which would generate less income.

### LEGAL ANALYSIS AND DISCUSSION

In this matter, the only dispute is whether the Division correctly determined that petitioner was not eligible for the Aged, Blind and Disabled, based on excess monthly household income.

N.J.A.C. 10:71-4.1 establishes income limits in order to become eligible for Medicaid Programs such as the Age, Blind and Disabled program, with a maximum allowable amount of \$1,644.00 a month.

In addition to petitioner's income, petitioner's spouse receives \$405.00 a month in Social Security income, so even with a \$20.00 a month set aside, the couple are in excess of the maximum allowable monthly income. His spouse also earned \$1,608.00 in salary from her job at the time of the October 2023 re-evaluation.

While petitioner and his wife, no doubt need this coverage, at the time of their re-evaluation **I** am required to **CONCLUDE** the determination terminating eligibility for the Age, Blind and Disabled program was correct and is hereby **AFFIRMED**.

**ORDER**

Based upon the foregoing, it is **ORDERED** that the decision of the agency denying petitioners' application is and the same is hereby **AFFIRMED**. Nonetheless, to the extent it is able, the Division should follow up with petitioner and his wife to assist them with any other programs and coverage they may be eligible for.

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.

May 10, 2024

DATE



**ANDREW M. BARON, ALJ**

Date Received at Agency:

May 10, 2024

Mailed to Parties:

lr

**APPENDIX**

**LIST OF WITNESSES**

**For Petitioner:**

F.D.

**For Respondent:**

Charity Ochonyei

Rebecca Smith

**LIST OF EXHIBITS IN EVIDENCE**

**For Petitioner:**

None

**For Respondent:**

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