



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

**INITIAL DECISION**

OAL DKT. NO. HMA 11172-24

AGENCY DKT. NO. N/A

**J.B.,**

Petitioner,

v.

**HUNTERDON COUNTY BOARD OF  
SOCIAL SERVICES,**

Respondent.

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**J.B.,** petitioner, pro se

**George Rasare,** Family Service Worker, for respondent, pursuant to N.J.A.C.  
1:1-5.4(a)(3)

Record Closed: September 10, 2024

Decided: September 23, 2024

BEFORE **SARAH G. CROWLEY, ALJ:**

**STATEMENT OF THE CASE**

The petitioner, J.B., appeals the determination made by the respondent, the Hunterdon County Board of Social Services (HCBSS or Board), terminating Medicaid due to petitioner being over income. The petitioner does not dispute that her income exceeds the eligibility level. The petitioner argues that she does not understand why

she does not qualify any longer as her income, which is entirely for social security disability is not enough to pay for her prescriptions and she is in need of health care. She just had another surgery and she is unable to work due to her disabilities.

### **PROCEDURAL HISTORY**

The benefits were terminated by letter, dated July 10, 2024. The petitioner requested a fair hearing on July 29, 2024. The Division of Medical Assistance and Health Services (DMAHS) transmitted this matter to the Office of Administrative Law (OAL) on August 9, 2024, for a hearing and determination as a contested case. N.J.S.A. 52:14B-1 to -15 and N.J.S.A. 52:14F-1 to -13. The matter was heard on September 10, 2024, and the record closed at that time.

### **TESTIMONY AND FACTUAL DISCUSSION**

**George Rasare**, Family Service Worker, testified on behalf of the HCBSS. He testified that the petitioner was found ineligible for Medicaid due to being over income. The petitioner's income was \$1,628. The petitioner's total countable income is \$1,628 and the monthly program income limit is \$1,255. N.J.A.C. 10:72-4.1. The decision to deny benefits based on income was proper. The packet from the HCBSS was entered into evidence as R-1.

**J.B.** testified on her behalf. She does not dispute the income amounts that have been set forth by the Board. She testified that all of her income is derived from social security disability and she is unable to work. She just had another surgery and has over ten prescriptions that she has filled on a regular basis. She does not know how she will survive without Medicaid, or why she was all of a sudden terminated as she has been receiving social security for some time. The Board worker encouraged her to come into the office to see if she qualified for the MLTSs or other programs. He did not dispute any of the income information that was provided.

### **LEGAL DISCUSSION**

Pursuant to N.J.A.C. 10:72-4.1, NJ FamilyCare Aged, Blind, Disabled (ABD) benefits require that an applicant be below the income of \$1,255 to be eligible for the program. The petitioner does not meet this requirement and there is no dispute regarding the income level of the petitioner. The petitioner's total monthly countable income is \$1,628. Accordingly, petitioner does not qualify for Medicaid.

Based on the testimony and the assessment provided by the respondent, which was competent, persuasive, and reliable, I **CONCLUDE** that the petitioner does not meet the eligibility criteria set forth at N.J.A.C. 10:72-4.1, and the decision of the HCBSS must be **AFFIRMED**.

### **ORDER**

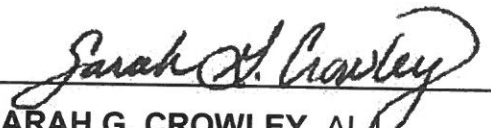
Based on the foregoing, the respondent's termination of benefits is **AFFIRMED**. The petitioner's appeal is **DISMISSED**.

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.

September 23, 2024

DATE

  
\_\_\_\_\_  
SARAH G. CROWLEY, AL

Date Received at Agency:

\_\_\_\_\_

Date Mailed to Parties:

\_\_\_\_\_

SGC/lam/onl

**APPENDIX**

**WITNESSES**

**For petitioner**

J.B.

**For respondent**

George Rasare, Family Service Worker

**EXHIBITS**

**For petitioner**

None

**For respondent**

R-1 Packet from HCBSS