



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 05242-24

AGENCY DKT. NO. N/A

J.K.,

Petitioner,

v.

**HUDSON COUNTY DEPARTMENT
OF FAMILY SERVICES,**

Respondent.

J.K., petitioner appearing pro se

Yessina Checo, Social Worker, appearing pursuant N.J.A.C. 1:1-5.4(a)3

Record Closed: July 16, 2024

Decided: July 17, 2024

BEFORE **KIMBERLY A. MOSS, ALJ:**

Petitioner (J.K.) appeals the denial of Medicaid benefits. Respondent denied petitioner's application because petitioner's income was over the maximum income eligibility requirements. The Division of Medical Assistance and Health Services transmitted this matter to the Office of Administrative Law (OAL), where it was filed on April 23, 2024, as a contested case pursuant to N.J.S.A. 52:14B-1 to -15; N.J.S.A.

52:14F-1 to -13. The hearing was held on July 16, 2024, at which time I closed the record.

FINDINGS OF FACTS

1. Petitioner submitted a recertification application to Medicaid on September 15, 2023.
2. Petitioner receives Social Security (SSA) in the amount of \$1915 monthly. She also receives pension income in the amount of \$93.48 monthly.
3. The maximum income eligible for a household of one to receive Medicaid under New Jersey Family Care is \$1,215.
4. Medicaid terminated petitioner's Medicaid because she was over the income limit for Medicaid.

LEGAL ANALYSIS

Medicaid provides 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, 106 S. Ct. 2456, 2458; 91 L. Ed. 2d 131, 137 (1986). In order to participate, states must comply with federal statutes and regulations governing Medicaid. Harris v. McCrae, 448 U.S. 297, 301, 100 S. Ct. 2671, 2680, 65 L. Ed. 2d 784, 794 (1980).

In this matter, the income of petitioner is over the eligibility for Medicaid. The maximum income for eligibility for Medicaid for a household of one is \$1215.

I **CONCLUDE** that petitioner is over-income and therefore is not eligible to receive Medicaid.

ORDER

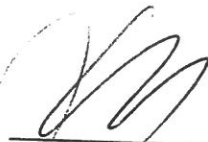
It is **ORDERED** that the Board's denial of Medicaid eligibility to J.K. be and is hereby **AFFIRMED**.

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.

7-17-24

DATE



KIMBERLY A. MOSS, ALJ

Date Record Closed:

July 16, 2024

Date Filed with Agency:

July 17, 2024

Date Sent to Parties:

July 17, 2024

ljb