



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

**FINAL DECISION**

OAL DKT. NO. HMA 05260-24  
AGENCY DKT. NO. N/A

**M.K.,**

Petitioner,

v.

**BERGEN COUNTY BOARD OF SOCIAL  
SERVICES,**

Respondent.

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**M.K., pro se**

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

Record Closed: July 30, 2024

Decided: July 31, 2024

BEFORE **EVELYN J. MAROSE**, ALJ (Ret'd, on recall):

**STATEMENT OF THE CASE AND PROCEDURAL HISTORY**

Petitioner, M.K., appeals the decision of the respondent, the Bergen County Board of Social Services ("CWA"), to terminate her Medicaid for being over income.

The Division of Family Development transmitted the matter to the Office of Administrative Law ("OAL") on April 23, 2024. A telephonic Fair Hearing was scheduled for July 30, 2024. After confirming petitioner's income via conference on that day, petitioner "hung up" the telephone prior to either withdrawing her request for a Fair Hearing or remaining "on-line" for a Fair Hearing.

### **FACTUAL DISCUSSION AND FINDING OF FACTS**

Based upon the evidence presented at the telephonic hearing, and the opportunity to assess the credibility of the witnesses, I **FIND** the following to be the pertinent **FACTS**:

Petitioner submitted a Medicaid redetermination for herself and her domestic partner in February 2024. The CWA sent a letter to the petitioner requesting pay stubs for both petitioner and her domestic partner. (R-4.) Petitioner submitted pay stubs for herself and a note stating that her domestic partner no longer needed Medicaid. (R-6, R-5, R-2.)

Petitioner's pay stubs evidence monthly income of \$2,721 which exceeds the standard for Medicaid eligibility for a household of one, which is \$1,732 (138% FPL). (R-5.) Petitioner was advised that her Medicaid benefits would terminate effective March 31, 2024, because she was over income eligibility. Petitioner requested a Fair Hearing and has received continued assistance to date.

When petitioner "dialed in" for her Fair Hearing on July 30, 2024, the parties conferenced the factual basis for the denial of eligibility, which was petitioner's monthly income of \$2,721. While petitioner acknowledged the accuracy of her evidenced monthly income, she noted her opposition to the regulatory standards and her desire to qualify for benefits based upon "need." Petitioner stated that between her rent and utilities, she cannot afford health care, including prescriptions. (P-1.) Petitioner opined that it is unjust that people who do not work qualify for benefits, while working person

like herself do not qualify. After further commenting that she "guessed she should go back to living in a homeless shelter" petitioner disconnected from the phone conference.

### **LEGAL ANALYSIS AND CONCLUSION**

It is the right of every applicant for, or beneficiary for, or beneficiary of, Medicaid Only to be afforded the opportunity for a fair hearing. N.J.A.C. 10:71-8.4. After acknowledging her income, which was over the standard for Medicaid eligibility, petitioner opined that the standard was unjust and voluntarily disconnected from the telephonic conference on July 30, 2024. I **CONCLUDE** that petitioner choose to abandon her telephonic Fair Hearing.

### **ORDER**

Based upon the foregoing, it is **ORDERED** that the CWA's termination of petitioner's Medicaid benefits 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.

July 31, 2024



\_\_\_\_\_  
DATE

\_\_\_\_\_  
**EVELYN J. MAROSE, ALJ (Ret'd, on recall)**

Date Received at Agency:

\_\_\_\_\_

Date Mailed to Parties:  
sej

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**APPENDIX**

**WITNESSES**

**For Petitioner:**

M.K.

**For Respondent:**

Jill Cotter, Fair Hearing Liaison

**EXHIBITS**

**For Petitioner's:**

P-1 Petition

**For Respondent:**

- R-1 Proposed Facts
- R-2 Letter to Petitioner, dated February 20, 2024
- R-3 Member Eligibility Report
- R-4 Letter to Petitioner seeking additional information
- R-5 Calculation of Petitioner's Monthly Income
- R-6 Wage Determination
- R-7 Medicaid Inquiry
- R-8 Application, dated 12/27/23