



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 6025-24

AGENCY DKT. NO. N/A

M.L.,

Petitioner,

v.

ESSEX COUNTY BOARD OF SOCIAL SERVICES,

Respondent.

M.L. .pro se

Gail Vincent, Social Worker appearing pursuant to N.J.A.C 1:1-5.4(a)3

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

Record Closed October 15, 2024

Decided: October 17, 2024

STATEMENT OF THE CASE

Petitioner M.L. is appealing a denial of Medicaid benefits by Essex County Board of Social Services (Agency) for being over-income. The Division of Medical Assistance and Health Services transmitted this matter to the Office of Administrative Law (OAL), where it was filed May 7, 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 scheduled for October 9, 2024, which continued October 15, 2024, at which time I closed the record.

FINDINGS OF FACTS

1. Petitioner submitted an application for Medicaid benefits on February 23, 2024.
2. Petitioner receives Social Security (SSD) in the amount of \$2958 monthly.
3. The maximum income eligible for a household of one to receive Medicaid under New Jersey Family Care is \$1,215.
4. The agency terminated petitioner's Medicaid because he was over the income limit for Medicaid.
5. Petitioner argues that Medicaid only and workability do not have an income limit.
6. Petitioner further argues that he has a chronic illness, and he received Medicare and Medicaid previously.
7. The D-SNP program requires applicants to be eligible for Medicare and Medicaid.
8. Petitioner is not presently working.

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).

(a) Income limits for Medicaid for aged, blind, and disabled persons (except for specified low-income Medicare beneficiaries), covered under the provisions of this chapter will be based on 100 percent of the poverty income guidelines as defined by the U.S. Department of Health and Human Services in accordance with sections 652 and 673(2) of the Omnibus Budget Reconciliation Act of 1981 (Pub.L. 97-35). The monthly income standard will be 1/12 of the annual poverty income guideline rounded down to the next whole dollar amount for household unit sizes of one and two for aged, blind, and disabled individuals. The annual revision

to the Federal poverty income guideline will be effective for purposes of this section with the first day of the year for which the poverty income guideline is promulgated.

(b) Effective with the first month of coverage, January 1, 1993, income limits for specified low-income Medicare beneficiaries shall be based on 110 percent of the poverty income guidelines as defined by the U.S. Department of Health and Human Services in accordance with Sections 1902(a)(10)(E)iii of the Social Security Act, 42 U.S.C. 1396a. Effective January 1, 1995, the income limits will be set at 120 percent of the Federal poverty level.

(c) Income limits for pregnant women and children under the age of one year covered under the provisions of this chapter shall be based on 185 percent of the poverty income guideline as defined by the Department of Health and Human Services in accordance with sections 652 and 673(2) of the Omnibus Budget Reconciliation Act of 1981 (Pub.L. 97-35). The monthly income standard will be one-twelfth of 185 percent of the annual poverty income guideline rounded down to the next whole dollar amount for each household size. The annual revision to the Federal poverty income guideline will be effective for the purposes of this section with the first day of the year for which the poverty guideline is promulgated.

(d) In order to be eligible for Medicaid benefits under the provisions of this chapter, monthly household income (as determined by this chapter) must be equal to or less than the income limit established in (a), (b) or (c) above as applicable.

1. If a pregnant woman is determined to be income eligible during any month prior to the end of her pregnancy, she, if otherwise eligible, will continue eligible without regard to changes in the household unit's income for the term of her pregnancy, including the 60-day period beginning with the last day of the pregnancy whether or not the pregnancy results in a live birth. If the income change results from the addition of a new household member, the new income is not considered through the 60-day period beginning with the last day of the pregnancy.

i. The child resulting from the pregnancy will be eligible for Medicaid without regard to changes in the household unit's income for a period of not less than 60 days and up to a period of one year, so long as the mother remains eligible for Medicaid, or would remain eligible if pregnant, and the child remains in the mother's custody.

ii. A pregnant woman who, during the course of the pregnancy, was receiving or would have been eligible to receive AFDC benefits using the eligibility rules in existence as of July 16, 1996. Medicaid Special, or Medicaid for the Unborn is deemed to have met the income requirements of this chapter.

2. With the exception in (d)1 above, income eligibility exists for each month in which the household unit's income is equal to or less than the income limits.

(e) Effective with the first month of coverage, earned income eligibility limits for participants in the NJ WorkAbility program shall be 250 percent or less of the Federal poverty level and unearned income 100 percent or less of the Federal poverty level (see 42 U.S.C. § 9902(2)), and as specified in N.J.A.C. 10:72-9.4.

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.

N.J.A.C. 72-9.1 provides:

(a) The purpose of this subchapter is to establish requirements to implement the NJ WorkAbility program in accordance with N.J.S.A. 30:4D-1 et seq., as amended by P.L. 2000, c.116, and in accordance with the Federal Ticket to Work and Work Incentives Improvement Act, Public Law 106-170 (113 Stat. 1860), and 42 U.S.C. § 1396a(a)(10)(A)(ii)(XV). The purpose of the NJ WorkAbility program is to provide an opportunity for disabled individuals who are employed to purchase Medicaid coverage when their earnings would otherwise disqualify them for Medicaid.

(b) The rules apply to employed, permanently disabled individuals residing in New Jersey who are between the ages of 16 and 64 whose countable earned incomes are below 250 percent, and countable unearned incomes below 100 percent, of the Federal poverty level for an individual or a couple. These individuals may apply to purchase Medicaid coverage (Medicaid buy-in) from the State of New Jersey and shall pay for such coverage based on the standards contained in this subchapter.

(c) Unless specifically excepted, all other requirements of this chapter shall apply to the NJ WorkAbility program.

Petitioner is not presently employed there for he is not eligible for the Medicaid in the workability program.

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

ORDER

Based on the foregoing, it is **ORDERED** that the Board's denial of Medicaid eligibility to M.L. 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.

October 17, 2024

DATE



KIMBERLY A. MOSS, ALJ

Date Record Closed:

October 15, 2024

Date Filed with Agency:

OCTOBER 18, 2024

Date Sent to Parties:

October 18, 2024

EXHIBITS

For Petitioner
Letters

For Respondent
Medicaid Packet