



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 12237-24

AGENCY DKT. NO. N/A

P.M.,

Petitioner,

v.

**DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES,**

Respondent.

P.M., petitioner, pro se

Judith Coles, Support Specialist, for respondent pursuant to N.J.A.C. 1:1-5.4(a)(2)

Record Closed: November 1, 2024

Decided: November 14, 2024

BEFORE **KIMBERLEY M. WILSON**, ALJ:

STATEMENT OF THE CASE

Petitioner P.M. appeals the determination of the respondent Division of Medical Assistance and Health Services (DMAHS) finding her ineligible for NJ FamilyCare Medicaid benefits because her income exceeds the maximum allowable limit.

PROCEDURAL HISTORY

On or around January 16, 2024, P.M. submitted a renewal application for NJ FamilyCare Medicaid benefits (Application) to DMAHS. (R-2.) On or around January 23, 2024, DMAHS advised P.M. that her NJ FamilyCare Medicaid benefits would be terminated effective February 29, 2024. (R-1, Ex. C.) On or around January 30, 2024, P.M. requested a fair hearing. DMAHS transmitted the matter to the Office of Administrative Law, where it was filed as a contested case on October 9, 2024. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13.

The hearing was held on October 25, 2024, and the record remained open until November 1, 2024, to allow for supplemental submissions. The record closed on November 1, 2024.

FACTUAL DISCUSSION AND FINDINGS

The following **FACTS** are not in dispute, and I so **FIND**:

1. On or around January 16, 2024, P.M. submitted the Application to DMAHS. (R-2.) In the Application, P.M. indicated that she was a household of one, and her biweekly income was \$499.62. (Ibid.)
2. P.M.'s monthly income was calculated based on the income included on the Application (\$499.62), multiplied by 4.333 to determine a monthly income amount. P.M.'s monthly income was calculated at \$2,164. (Ibid.)
3. On or around January 23, 2024, DMAHS sent P.M. a letter, indicating she did not meet the income requirements to receive NJ FamilyCare Medicaid benefits. (Id., Ex. C.) In the explanation of eligibility determination, P.M.'s modified adjusted gross income was \$2,164. (Ibid.) The program limit for a household of one is \$1,677. (Ibid.)

4. On or around January 25, 2024, DMAHS sent a letter to P.M. advising her that it had received the Application and was reviewing it. (R-1, Ex. B.)
5. On or around January 30, 2024, P.M. requested a fair hearing. (Id., Ex. D.)
6. On or around February 29, 2024, DMAHS sent P.M. a letter, indicating that it had received her request for a fair hearing. (Id., Ex. E.)
7. On or around May 13, 2024, P.M. submitted a renewal application to DMAHS. (Id., Ex. G.).¹

Testimony

For respondent:

Judith Coles (Coles), support specialist, testified that prior to January 16, 2024, P.M. received NJ FamilyCare Medicaid benefits.

For petitioner:

P.M. stated that she cannot afford medical insurance and needs it.

Factual findings

It is the obligation of the fact finder to weigh the credibility of the witnesses before making a decision. Credibility is the value that a fact finder gives to a witness's testimony. Credibility is best described as that quality of testimony or evidence that makes it worthy of belief. "Testimony to be believed must not only proceed from the mouth of a credible witness but must be credible in itself. It must be such as the common experience and observation of mankind can approve as probable in the circumstances." In re Estate of Perrone, 5 N.J. 514, 522 (1950). To assess credibility, the fact finder should consider the witness's interest in the outcome, motive, or bias. "A trier of fact may reject testimony

¹ Because P.M. appeals from the January 23, 2024, termination of her NJ FamilyCare Medicaid benefits, DMAHS's subsequent determinations regarding P.M.'s eligibility for those benefits are not relevant here.

because it is inherently incredible, or because it is inconsistent with other testimony or with common experience, or because it is overborne by other testimony.” Congleton v. Pura-Tex Stone Corp., 53 N.J. Super. 282, 287 (App. Div. 1958).

Having had the opportunity to hear Coles and review the documentation she presented, I accept Coles’ testimony as credible. While P.M.’s brief testimony was credible, the information she presented did not address DMAHS’ determination that she was no longer eligible for NJ FamilyCare Medicaid benefits.

Accordingly, I **FIND** the following additional **FACT**:

1. P.M. received NJ FamilyCare Medicaid benefits prior to January 12, 2024.

LEGAL ANALYSIS AND CONCLUSIONS

Medicaid is a cooperative federal-state venture established by Title XIX of the Social Security Act. 42 U.S.C. § 1396, et seq. It is “designed to provide medical 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 (1986); see also 42 U.S.C. § 1396-1; N.J.S.A. 30:4D-2. The New Jersey Medical Assistance and Health Services Act, N.J.S.A. 30:4D-1 to -19.5, created New Jersey’s Medicaid program and DMAHS to perform administrative and operational functions related to the program. See N.J.S.A. 30:4D-4. Once the state joins the program, it must comply with Medicaid statute and federal regulations. Harris v. McRae, 448 U.S. 297, 301 (1980). Finally, Medicaid benefits must be provided to individuals whose household income is at or below 133 percent of the federal poverty level based on the family size. 42 C.F.R. § 435.119(b)(5) (2024).

Because DMAHS terminated P.M.’s NJ FamilyCare Medicaid benefits, DMAHS bears the burden of proof by a preponderance of the evidence that P.M.’s Application should have been denied. See WCI-Westinghouse, Inc. v. Edison Twp., 7 N.J. Tax 610, 630 (Tax Ct. 1985), aff’d, 9 N.J. Tax 86 (App. Div. 1986). From the evidence in this record, DMAHS has satisfied its burden.

P.M.'s monthly income, as calculated when her Application was processed, exceeds 133 percent of the federal poverty limit, making her ineligible for NJ FamilyCare Medicaid benefits. DMAHS calculated P.M.'s monthly income at \$2,164; the income limit for the New Jersey FamilyCare Medicaid program for single adults is \$1,677. P.M.'s monthly income exceeds the income limit by \$487. For this reason alone, DMAHS did not err when determining that P.M. was not eligible for NJ FamilyCare Medicaid benefits.

Accordingly, I **CONCLUDE** that DMAHS correctly determined that P.M. was not eligible for Medicaid benefits.

ORDER

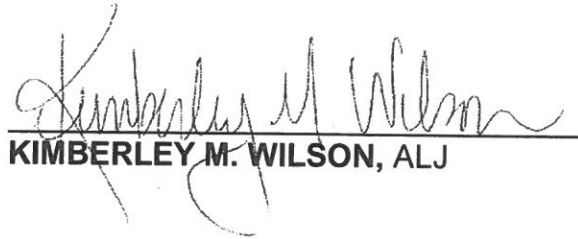
Based upon the foregoing, DMAHS's decision that P.M. was no longer eligible for NJ FamilyCare Medicaid benefits is hereby **AFFIRMED**.

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 forty-five 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.

November 14, 2024

DATE


KIMBERLEY M. WILSON, ALJ

Date Received at Agency:

Mailed to Parties:

KMW/dw

APPENDIX

Witnesses

For petitioner:

P.M.

For respondent:

Judith Coles, support specialist

Exhibits

For petitioner:

None

For respondent:

R-1 Fair Hearing Packet containing the following documents:

- Cover sheet with exhibit list and case background
- NJ FamilyCare Online Application
- Letter from DMAHS to P.M., dated January 25, 2024
- Letter from DMAHS to P.M., dated January 23, 2024
- Fair hearing request from P.M. to DMAHS, dated January 30, 2024
- Letter from DMAHS to P.M., dated February 29, 2024
- Request for Information call notes regarding P.M.
- NJ FamilyCare renewal application, received May 13, 2024
- Request for Information call notes regarding P.M., dated May 16, 2024; August 21, 2024; and September 17, 2024

R-2 Supplemental submissions including Renewal Application, dated January 16, 2024; income calculations and notes; letter from Social Security Administration to P.M., dated April 12, 2024