



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 15443-2024

AGENCY DKT. NO. N/A

P.B.,

Petitioner,

v.

BURLINGTON COUNTY BOARD

OF SOCIAL SERVICES,

Respondent.

P.B., petitioner, pro se

Ellen Reside, Paralegal Specialist for respondent, appearing pursuant to
N.J.A.C. 1:1-5.4(a)3

Record Closed: January 7, 2025

Decided: January 28, 2025

BEFORE CARL V. BUCK III, ALJ:

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

Petitioner appealed for the termination of Medicaid NJFamilyCare (FamilyCare) benefits by respondent, the Burlington County Board of Social Services (CWA or Board) on the basis that petitioner's income exceeded the allowance limit. Petitioner re-applied for FamilyCare on February 26, 2024. The CWA advised petitioner of the termination of

benefits on October 2, 2024. Petitioner timely filed for a fair hearing on the denial on October 31, 2024.

The Division of Medical Assistance and Health Services (DMAHS) transmitted the matter to the Office of Administrative Law (OAL) where it was received on October 31, 2024. The fair hearing was scheduled and held on January 7, 2025, and the record closed on that date.

TESTIMONY

Ellen Reside

Ellen Reside (Reside) is employed by the CWA and served as the paralegal specialist for the Board regarding petitioner's re-application submission on February 26, 2024. (R-A.) She testified that petitioner has an Assistance Unit (AU) of two (one adult and one child). Reviewing petitioner's income during 2024, respondent's financial analysis shows that petitioner generated approximately \$3,115 per month in earned income.

The DMAHS Income Standards effective January 1, 2024, shows a maximum income level of \$1,704 per month. (R-D.) Expenses paid by petitioner were not allowed to be considered as an offset to the income number. The only credit is in the amount of \$20 per month. Reside testified that as petitioner's income was above the income limit, she was not eligible for services. She also testified that petitioner's son was receiving continuing health benefits, notwithstanding this action.

P.B.

Petitioner did not state that the income shown for her was incorrect. She stated that she was not able to pay for private health care for herself and her family on her income.

FACTUAL DISCUSSION AND FINDING OF FACTS

P.B. did not dispute the income level shown by respondent and that it exceeded the Federal Income level of \$1,740 per month for her AU under 42 CFR 435.118(c)(2)(i), 42 CFR 435.119(b)(5), and 42 CFR 435.116(c)(2)(i). I **FIND** that based on the credible testimony provided by Reside and the admission of petitioner the income limit allowed was exceeded. I **FIND** that petitioner did not provide any information documenting an incorrect analysis by respondent.

LEGAL ANALYSIS

Income levels for an AU determined by documented earned income and application of the Federal Income Standards and Medicaid Communication Np. 24-02, March 1, 2024. (R-D.) Accordingly, respondent and petitioner both provided testimony that petitioner's earned income exceeded this amount. I therefore **CONCLUDE** that the termination of petitioner's renewal/ redetermination was appropriate.

ORDER

Based on the foregoing, it is **ORDERED** that the denial of petitioner's re-application for New Jersey FamilyCare Benefits be and hereby is **SUSTAINED**.

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.



January 28, 2025

DATE

CARL V. BUCK III, ALJ

Date Received at Agency:

Date Mailed to Parties:

CVB/tat

APPENDIX

WITNESSES

For Petitioner:

P.B., pro se

For Respondent:

Ellen Reside, Paralegal Specialist

EXHIBITS

For Petitioner:

None

For Respondent:

- R-A Application
- R-B SSI Income
- R-C Termination Notice
- R-D Medicaid Communication No. 24-02, March 1, 2024