

INITIAL DECISION

OAL DKT. NO. HMA 13297-24 AGENCY DKT. NO. N/A

R.W.,

Petitioner,

٧.

HUNTERDON COUNTY BOARD
OF SOCIAL SERVICES,

Respondent.

R.W., for petitioner, pro se

Hannah Trinity, Human Services Specialist, for respondent pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: December 30, 2024

Decided: January 21, 2025

BEFORE **SARAH G. CROWLEY**, ALJ:

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

The petitioner's Medicaid benefits were terminated on the grounds that the household was over income. Petitioner requested a fair hearing, and the matter was filed at the Office of Administrative Law (OAL) on September 25, 2024, to be heard as a

contested case pursuant to N.J.S.A. 52:14B-1 to -15 and 14F-1 to -13. The matter was heard on December 30, 2024, and the record closed at that time.

TESTIMONY AND FINDINGS OF FACT

Hannah Trinity is a human services specialist for the Hunterdon County Board of Social Services (Board). She testified regarding the process of determining eligibility under NJ Family Care. She explained that based upon the petitioner's income totaling \$1,542, she did not qualify for Medicaid. She referred the petitioner to the managed long-term services and supports (MLTSS) program, but the decision has not been issued yet. The petitioner has been over income for a while, but since the pandemic, all terminations were suspended.

R.W., petitioner, testified on her own behalf. She did not dispute the income calculation, but she was upset due to all the medical issues that she has. She does not understand why she does not qualify or what she will do without the benefits. She has applied for MLTSS but has not received a decision from them yet. She thought she was waiting for them to come out and conduct an evaluation.

LEGAL ANALYSIS AND CONCLUSION

The sole issue under consideration is whether the petitioner qualified for Medicaid under the provision of N.J.A.C. 10:71-5.1. On January 11, 2023, the applicant was sent an NJ Family Care/Medicaid renewal packet. Based upon her income of \$1,542 per month, she exceeded the eligibility income limit of \$1,250. She has exceeded the program eligibility limits for a few years, but no terminations have been issued since the pandemic. The petitioner does not dispute that she exceeded the income eligibility for the program.

I **CONCLUDE** that petitioner does not qualify for Medicaid due to her income of \$1,542 exceeding the maximum eligibility limit of \$1,250. I further **CONCLUDE** that the respondent appropriately calculated the income level based upon the information that was provided for the household.

ORDER

Based upon the foregoing, the determination of the Board is **AFFIRMED** as to its decision to terminate the petitioner's eligibility in the NJ Medicaid program.

I hereby FILE my initial decision with the DIRECTOR OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES for consideration.

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 21, 2025	Sarah & Crawley
DATE	SARAH G. CROWLEY, AL
Date Received at Agency:	
Date Mailed to Parties:	

SGC/onl

APPENDIX

Witnesses

For petitioner:

R.W.

For respondent:

Hannah Trinity

Exhibits

For petitioner:

None

For respondent:

R-1 Packet from the Board