

ADOPTED AS FINAL AGENCY
DECISION

OAL DKT. NO. HMA 14666-2024 AGENCY DKT. NO. N/A

S.M.,

Petitioner,

٧.

BURLINGTON COUNTY BOARD OF SOCIAL SERVICES,

Respondent.

S.M., 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 Medicaid, Blind, Disabled Program (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 January 26, 2024. The CWA

advised petitioner of the termination of benefits on September 13, 2024. Petitioner timely filed for a fair hearing on the denial on October 7, 2024.

The Division of Medical Assistance and Health Services (DMAHS) received the appeal on October 7, 2024, and transmitted the matter to the Office of Administrative Law (OAL). 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 made on January 6, 2024. (R-A.) She testified that petitioner has an Assistance Unit (AU) of one (one adult)<sup>1</sup>. Reviewing petitioner's income during 2024, respondent's financial analysis shows that petitioner received monthly Social Security Income (SSI) of \$1,781 per month - considered income.

The DMAHS Income Standards effective January 1, 2024, shows a maximum income level of \$1,255 per month for a household of one.<sup>2</sup> (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 children were receiving health benefits, notwithstanding this action.

<sup>&</sup>lt;sup>1</sup> Petitioner has two children, ages three and seven, who are covered by NJ Health coverage.

<sup>&</sup>lt;sup>2</sup> Petitioner is only applying for herself as her children have separate coverage.

#### S.M.

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 on her SSI income.

## FACTUAL DISCUSSION AND FINDING OF FACTS

S.M. did not dispute the income level shown by respondent and that it exceeded the Federal Income level of \$1,255 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 SSI income exceeded this amount. I therefore **CONCLUDE** that the termination of petitioner's renewal/ redetermination was appropriate.

#### <u>ORDER</u>

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:

S.M., 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