



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 10381-26

AGENCY DKT. NO. N/A

L.S.,

Petitioner,

v.

**HUNTERDON COUNTY DIVISION
OF SOCIAL SERVICES,**

Respondent.

L.S., petitioner, pro se

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

Record Closed: August 4, 2026

Decided: August 24, 2026

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

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

L.S., petitioner, appeals the termination of Medicaid benefits on the grounds that she was over the income limit. Petitioner requested a fair hearing, and the matter was filed at the Office of Administrative Law (OAL) on June 29, 2026, 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 August 4, 2026, 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 determination of eligibility for the petitioner for Medicaid. She explained that based upon the petitioner's income totaling \$1,839, she did not qualify for Medicaid. The income limit for eligibility for the program is \$1,330. She explained that under the applicable regulations they are required to use the gross income.

Petitioner testified on his own behalf. L.S. did not dispute the income calculation, but she did not understand why she qualified for Medicaid before and was now over the limit. She explained that she has housing and medical issues. However, she did confirm that she received social security is the amount of \$1,839 per month.

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. Based upon her income of \$1,839 per month, she exceeded the eligibility income limit of \$1,330. 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 monthly income of \$1,839 exceeding the maximum eligibility limit of \$1,330. I further **CONCLUDE** that the respondent appropriately calculated the income level based upon the information that was provided for the household and that Medicaid benefits were properly **TERMINATED**.

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 **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.

August 24, 2026

DATE


SARAH G. CROWLEY, ALJ

Date Received at Agency:

Date Mailed to Parties:

SGC/lam/onl/mm

APPENDIX

Witnesses

For petitioner

L.S.

For respondent

Hannah Trinity, Human Services Specialist

Exhibits

For petitioner

None

For respondent

R-1 Packet from the Board