



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 09923-26

AGENCY DKT. NO. N/A

L.K.,

Petitioner,

v.

**BERGEN COUNTY BOARD OF SOCIAL
SERVICES,**

Respondent.

L.K., petitioner, pro se

Jill Cotter, Fair Hearing Liaison, for respondent pursuant to N.J.A.C. 1:1-5.4(a)3

Record Closed: August 6, 2026

Decided: August 19, 2026

BEFORE **EVELYN J. MAROSE**, ALJ/Ret., on recall:

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

Petitioner, L.K., appeals the denial of Medicaid benefits by respondent, the Bergen County Board of Social Services ("CWA"). The CWA asserts that L.K. is over income.

The Division of Family Development transmitted the matter to the Office of Administrative Law ("OAL") on June 10, 2026. The matter was heard on August 6, 2026, at which time the record closed. Petitioner's son, who is her Authorized Representative, testified on behalf of petitioner. In addition, petitioner was "on the line" during the telephonic Fair Hearing.

FACTUAL DISCUSSION AND FINDING OF FACTS

Based upon the evidence presented at the hearing, and the opportunity to hear the witnesses and assess their credibility, I **FIND** the following to be the pertinent **FACTS**:

Petitioner applied for renewal of her Medicaid benefits on January 16, 2026. (R-9.) Her application was denied on March 17, 2026. (R-2.)

In determining her application, the CWA reviewed petitioner's entitlement as indicated in the Medicaid Eligibility System Screen 077, Special Programs, which showed the Special Program Number 60. The Pre-Admission Inquiry Screen indicated that petitioner's MLTSS Medicaid was terminated due to voluntary disenrollment, effective September 30, 2025. (R-1, R-5 through R-8.)

Since petitioner was no longer receiving MLTSS Medicaid, the CWA evaluated petitioner for the ABD Medicaid Program. Petitioner's monthly RSDI income was confirmed by the income verification tab and DOVE/SOLQ to be \$1,857. Petitioner received a \$20 general exclusion deduction, so her countable monthly income was calculated to be \$1,837. Since the ABD Monthly Program Income Limit is \$1,330, petitioner was determined to be ineligible for ABD Medicaid. (R-1, R-3, R-4.)

Petitioner's son did not dispute his mother's income, which resulted in her ineligibility for ABD Medicaid Benefits. Instead, he asserted that his mother stated that she never voluntarily disenrolled in the MLTSS program.

LEGAL ANALYSIS AND CONCLUSION

To be eligible for Medicaid, petitioner must be income and resource qualified. The maximum income for an individual participating in the ABD Medicaid program is \$1,330. N.J.A.C. 10:72-4.1. The evidence of petitioner's monthly income of \$1,857, even with application of a \$20 disregard established that L.K. is over the income limit of \$1,330. Accordingly, I **CONCLUDE** that petitioner is not eligible for ABD Medicaid based upon her income.

Since the appeal at issue is the determination of the CWA's denial of petitioner's January 16, 2026 application, I make no findings or conclusions relating to the termination of her benefits effective September 30, 2025, nor do I make any findings as to whether petitioner made any voluntary disenrollment.

ORDER

Based upon the foregoing, it is **ORDERED** that L.K.'s appeal of the March 17, 2026, determination that she is not eligible for Medicaid benefits is **DENIED**.

It is further **ORDERED** that the CWA's denial of ABD Medicaid benefits to petitioner is **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 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 19, 2026

DATE

EVELYN J. MAROSE, ALJ (Ret'd, on recall)

Date Received at Agency:

August 19, 2026

Date Mailed to Parties:
sej

August 19, 2026

APPENDIX

Witnesses

For Petitioner:

L.K., petitioner
I.K, petitioner's son

For Respondent:

Jill Cotter, Fair Hearing Liaison

Exhibits

For Petitioner:

- P-1 E-mail from L.K. dated 8/26
- P-2 Notice of Clinical eligibility, dated 3/28/25
- P-3 Letter from Horizon to L.K., dated 3/26/26, notifying L.K. that if she wishes not to be disenrolled she needs to contact Horizon

For Respondent:

- R-1 Proposal of Facts
- R-2 Notice of Ineligibility, dated March 17, 2026
- R-3 Explanation of Eligibility Determination
- R-4 NJ Care Worksheet
- R-5 NJ Medicaid Eligibility System Inquiry, showing Medicaid termination effective 9/30/25
- R-6 Pre-Admission Inquiry Screen indicating Voluntary Disenrollment as of 8/28/25
- R-7 DMAHS 2: Aged Blind Disabled
- R-8 Medicaid Eligibility System Inquiry
- R-9 Application dated, January 16, 2026