State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 01260-26
AGENCY DKT. NO. NA

R.M.,
Petitioner,
v.
CAMDEN COUNTY BOARD OF SOCIAL SERVICES,
Respondent.

R.M., petitioner, pro se

Botonya Harris, Human Services Specialist 3, for respondent, under N.J.A.C. 1:1-5.4(a)(3)

Record Closed: July 27, 2026 Decided: August 17, 2026

BEFORE **SAMANTHA L. PRICE**, ALJ:

STATEMENT OF THE CASE

Petitioner, R.M., a household of one, has countable income of more than $1,305 per month. Is R.M. eligible for Medicaid Only benefits? No. To be eligible for Medicaid Only, a household of one may not have countable income of more than $1,305 per month. 42 C.F.R. § 435.119 (2025); N.J.A.C. 10:78-4.1.

PROCEDURAL HISTORY

On December 12, 2024, R.M. submitted a renewal application to respondent, the Camden County Board of Social Services (Camden County), for Medicaid benefits under the Medicaid Only program.

On December 11, 2025, Camden County terminated R.M.'s Medicaid Only benefits because R.M. has countable income of more than $1,305 per month.

On January 12, 2026, R.M. appealed the determination.

On January 23, 2026, the Division of Medical Assistance and Health Services (DMAHS) transmitted this case to the Office of Administrative Law as a contested case under the Administrative Procedure Act, N.J.S.A. 52:14B-1 to -15, and the act establishing the office, N.J.S.A. 52:14F-1 to -23, for a hearing under the Uniform Administrative Procedure Rules, N.J.A.C. 1:1-1.1 to -21.6.

On July 27, 2026, I held the hearing and closed the record.

FINDINGS OF FACT

Based upon the testimony the parties provided and my assessment of their credibility, together with the documents the parties submitted and my assessment of their sufficiency, I **FIND** the following as **FACT**:

R.M. is a recipient of Medicaid benefits under the Medicaid Only program. On December 13, 2024, R.M. completed a renewal application noting that she had unearned income from Social Security benefits in the amount of $1,449 per month. As of December 2024, which is the time R.K. applied to renew her Medicaid benefits under the Medicaid Only program, her unearned income from Social Security benefits had increased to $1,485 per month.

On August 29, 2025, and September 15, 2025, Camden County requested additional information regarding R.M.'s financial circumstances, including bank statements, and soon thereafter R.M. provided Camden County with all requested records.

On October 29, 2025, Camden County informed R.M. that if she was seeking nursing home-like services under the Managed Long-Term Services and Supports (MLTSS) program, she would need to complete the clinical-eligibility process on or before November 26, 2025. Since R.M. did not complete the clinical-eligibility process to qualify for benefits under the MLTSS program as of December 11, 2025, Camden County reviewed her renewal application under the requirements for the Medicaid Only, Aged, Blind, and Disabled program.

CONCLUSIONS OF LAW

Medicaid is a cooperative federal and state program established by Title XIX of the Social Security Act for the purpose of furnishing medical assistance to qualified aged, blind, or disabled persons, or families with disabled children. 42 U.S.C. § 1396 et seq. To establish eligibility for the Medicaid Only program, applicants must comply with the income standards set forth in the regulations. N.J.A.C. 10:71-5.1. Social Security benefits are includable income for determining a household's total countable income. N.J.A.C. 10:71-5.4(a)(3)(i). The applicable income limit for a household size of one under Medicaid Only, Aged, Blind, and Disabled program, is $1,305. N.J.A.C. 10:71-5.6.

In this case, R.M. has total countable income of $1,465 per month, including the $20 unearned income deduction. This amount exceeds the $1,305 per month threshold. Therefore, I **CONCLUDE** that R.M. is **INELIGIBLE** for Medicaid Only benefits under N.J.A.C. 10:71-5.6.

ORDER

Given my findings of fact and conclusions of law, I **ORDER** that R.M. is **INELIGIBLE** for Medicaid Only benefits under N.J.A.C. 10:71-5.6.

I **FILE** my initial decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** for consideration. This recommended decision may be adopted, modified, or rejected by the **ASSISTANT COMMISSIONER**, who is authorized to make a final decision in this case. If the **ASSISTANT COMMISSIONER** does not adopt, modify, or reject this decision within forty-five days, and unless such time limit is otherwise extended, this recommended decision becomes a final decision under N.J.S.A. 52:14B-10(c).

Within seven days from the date on which this recommended decision is mailed to the parties, any party may file written exceptions at **ASSISTANT COMMISSIONER, DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES, Mail Code #3, PO Box 712, Trenton, New Jersey 08625-0712**, marked "Attention: Exceptions." A copy of any exceptions must be sent to the judge and to the other parties.

August 17, 2026
DATE

Samantha L. Price
SAMANTHA L. PRICE, ALJ

Date Filed with Agency: _____

Date Sent to Parties: _____

SLP/ol

APPENDIX

Witnesses

For petitioner:

R.M., petitioner, pro se

For respondent:

Botonya Harris, Human Services Specialist 3

Exhibits

For petitioner:

None

For respondent:

R-1 Renewal Application, December 12, 2024
R-2 Request for Information, August 29, 2025
R-3 Request for Information, September 15, 2025
R-4 Request for Information, October 29, 2025
R-5 Pre-Admission Screening
R-6 DMAHS Income Standards 2025
R-7 Social Security Administration verification printout
R-8 Medicaid Eligibility Worksheet, December 11, 2025
R-9 Termination letter, December 11, 2025