



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CAROLE JOHNSON
Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

J.C.,

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES AND
CUMBERLAND COUNTY BOARD OF
SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 11772-19

As Assistant Commissioner of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence and the entire contents of the OAL case file. Neither Party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision is November 21, 2019 in accordance with N.J.S.A. 52:14B-10, which requires an

Agency Head to adopt, reject or modify the Initial Decision within 45 days of the agency's receipt. The Initial Decision was received on October 7, 2019.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. This appeal stems from the Cumberland County Board of Social Services' (CCBSS) July 11, 2019 denial of Petitioner's June 2019 Medicaid application for failing to provide documentation needed to determine eligibility. On June 27, 2019, Petitioner filed a Medicaid application to renew his benefits and disclosed that he was claimed as his mother's tax dependent. The Affordable Care Act (ACA) regulations establish a method for counting income based upon an applicant's Modified Adjusted Gross Income (MAGI). Since MAGI methodology is based on the IRS code, household compositions are identified as either tax filing or non-tax filing. In the case of an applicant who "expects to be claimed as a dependent by another tax payer for the taxable year in which an initial determination or renewal of eligibility is being made, the household is the household of the taxpayer claiming such individual as a tax dependent." 42 C.F.R. §435.603(f)(2). Consequently, CCBSS requested Petitioner provide it with information regarding his mother's income. Petitioner did not provide the information by CCBSS' July 25, 2019 deadline. As a result, CCBSS terminated Petitioner's Medicaid benefits.

The credible evidence in the record indicates that Petitioner failed to provide the needed information prior to the July 25, 2019 deadline or the July 11, 2019 denial of benefits. Without this information, CCBSS could not complete its eligibility determination. Additionally, Petitioner's mother disclosed that her monthly income was \$3,026, which exceeds the household maximum of \$2,453. As a result, Petitioner would not be financially eligible for Medicaid benefits. CCBSS' termination was appropriate.

THEREFORE, it is on this 20th day of NOVEMBER 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.

A handwritten signature in cursive script, reading "Jennifer Langer Jacobs". The signature is written in black ink and is positioned above a horizontal line.

Jennifer Langer Jacobs, Assistant Commissioner
Division of Medical Assistance
and Health Services