

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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TRENTON, NJ 08625-0712

SARAH ADELMAN Acting Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

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

N.E.,

PETITIONER.

V.

DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES AND

HUDSON COUNTY DEPARTMENT

OF FAMILY SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 09319-2020

As Assistant Commissioner for the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision and the Office of Administrative Law (OAL) case file. No exceptions were filed in this matter. Procedurally, the time period for the Agency Head to render a Final Agency Decision is May 3, 2021 in accordance with an Order of Extension.

The matter arises regarding the November 2019 denial of Medicaid benefits for Petitioner due to excess income. In November 2019, the Hudson County Department of Family Services (HCDFS) determined that Petitioner's total monthly income was \$1,244,67,

based upon her monthly Social Security income in the amount of \$1,077 and a monthly pension payment in the amount of \$167.67. R-2, R-3, and R-4. In 2019, the income limit was \$1,041. See Medicaid Communication No. 19-03. As such, Petitioner's application for benefits was denied.

The Initial Decision upheld the denial, as Petitioner's income exceeded the income limit for her to qualify for Medicaid, pursuant to N.J.A.C. 10:71-5.6.1 I concur. Petitioner does not disagree with the income calculation, but claims that she needs assistance, in addition to her Medicare coverage, to meet her medical needs. ID at 2. I note that the Office of Community Choice Options (OCCO) also reviewed Petitioner's application and denied clinical eligibility for Petitioner. <u>Ibid.</u>

After reviewing the record, I agree that Petitioner's application was properly denied. Moreover, the Initial Decision reflects that Petitioner has been provided with information to request a new assessment if her medical conditions change. Petitioner may also contact NJSave at 1-800-792-9745 or www.state.nj.us/humanservices/doas/services/njsave/ for information on help available to low-income seniors and individuals with disabilities for Medicare premiums, prescription costs, and other living expenses. Thus, I hereby ADOPT the Initial Decision and uphold HCDFS's denial of Petitioner's application for Medicaid due to excess income.

¹ I note that the hearing in this matter took place in December 2020, and the ALJ discussed Petitioner's current income at that time of the hearing, which was \$1,261.67, based upon an increase in Petitioner's Social Security income to \$1,094. However, the denial of Petitioner's application was based upon her 2019 monthly income of \$1,244.67. Either way, Petitioner's monthly income exceeded the income limit for both 2019 and 2020. See Medicaid Communication No. 19-03 (showing that the income limit for 2019 was \$1,041) and Medicaid Communication No. 20-02 (showing that the income limit for 2020 was \$1,064).

THEREFORE, it is on this 27th day of APRIL 2021,

ORDERED:

That the Initial Decision is hereby ADOPTED.

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

Services