State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

<u>**INITIAL DECISION**</u>

OAL DKT. NO. HMA 15218-25

AGENCY DKT. NO. N/A

S.M.,

        Petitioner,

        v.

HUNTERDON COUNTY DIVISION

OF SOCIAL SERVICES,

        Respondent.

S.M., petitioner, pro se

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

Record Closed: October 14, 2025   Decided: October 30, 2025

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

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

S.M., petitioner, appeals the denial of Medicaid benefits on the grounds that the household was over income. Petitioner requested a fair hearing, and the matter was filed at the Office of Administrative Law (OAL) on September 2, 2025, 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 October 14, 2025, 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 process of determining eligibility under New Jersey (NJ) Family Care. She explained that based upon the petitioner's income totaling $2,008, she did not qualify for Medicaid. The income limit for eligibility for the program is $1,305. The petitioner had been a resident in Warren County but was not living in Hunterdon, so she is not privy to her past benefits and eligibility.

Petitioner testified on her own behalf. S.M. did not dispute the income calculation, but she did not understand why she qualified for Medicaid for so many years and was now suddenly denied. S.M. indicated that she had been denied and appealed when she resided in Warren County, before she relocated to Hunterdon County. She testified that her income has not changed in the last several years and that she thinks she should qualify for benefits.

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. On January 11, 2023, the applicant was sent an NJ Family Care/Medicaid renewal packet. Based upon her income of $2,008 per month, she exceeded the eligibility income limit of $1,305. The petitioner does not dispute that she exceeded the income eligibility for the program. However, she did not understand how she qualified in prior years with the same income.

I **CONCLUDE** that petitioner does not qualify for Medicaid due to her monthly income of $2,008 exceeding the maximum eligibility limit of $1,305. I further **CONCLUDE** that the respondent appropriately calculated the income level based upon the information that was provided for the household and that benefits were properly **DENIED**.

ORDER

Based upon the foregoing, the determination of the Board is **AFFIRMED** as to its decision to deny 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.

October 30, 2025
DATE

SARAH G. CROWLEY, ALJ

Date Received at Agency: October 30, 2025

Date Mailed to Parties: October 30, 2025

SGC/lam/onl/gd

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APPENDIX

Witnesses

For petitioner

S.M.

For respondent

Hannah Trinity, Human Services Specialist

Exhibits

For petitioner

None

For respondent

R-1   Packet from the Board