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**State of New Jersey**  
**DEPARTMENT OF HUMAN SERVICES**  
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Assistant Commissioner

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

T.C.,

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

BERGEN COUNTY BOARD

OF SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 00470-25

As Assistant Commissioner for the Division of Medical Assistance and Health Services (DMAHS), I have reviewed the record in this case, including the OAL case file, the documents in evidence, and the Initial Decision in this matter. Neither Party filed exceptions. Procedurally, the time period for the Agency Head to render a Final Agency Decision is June 13, 2025.

This matter arises regarding the August 15, 2024, denial of Medicaid benefits for Petitioner due to excess income. Bergen County Board of Social Services (Bergen County) determined that Petitioner's monthly countable household income of \$3,589 exceeded the allowable income standard of \$1,255 for the single individual.

Petitioner appealed Bergen County's determination. ID at 1. The hearing was held on April 29, 2025. ID at 2.

Here, Petitioner applied for the Aged, Blind, Disabled (ABD) Medicaid program on July 20, 2024. (R-1.) At the time of the application, Petitioner received \$3,589 monthly from Retirement, Survivors, and Disability Insurance (RSDI). Ibid. A Social Security Administration Verification confirmed Petitioner's income. Ibid. Bergen County gave Petitioner a \$20 exclusion, bringing their countable income to \$3,569. Ibid. On August 15, 2024, Bergen County denied Petitioner's application due to being over the income limit for the ABD Medicaid program. Ibid.

Petitioner provided evidence of their monthly expenses and testimony from their sister. ( P-1.)

In New Jersey, the Medicaid program is administered by DMAHS pursuant to the New Jersey Medical Assistance and Health Services Act, N.J.S.A. 30:4D-1 to -19.5. Through its regulations, DMAHS establishes "policy and procedures for the application process" N.J.A.C.10:71-2.2 9b. To be financially eligible, the applicant must meet income and resource standards. Income eligibility is based on an examination of all earned and unearned income that has or will be received during the month for which the application is made, beginning with the first day of such month. The local county welfare agencies (CWA) evaluate Medicaid eligibility. N.J.S.A. 30:4D-7a; N.J.A.C.10:71-1.5, 2.2 (c).

N.J.A.C. 10:72-4.1 dictates that income limits for Medicaid for aged, blind, and disabled persons (except for specified low-income Medicare beneficiaries), covered

under the provisions of this chapter, will be based on 100 percent of the poverty income guidelines as defined by the U.S. Department of Health and Human Services in accordance with sections 652 and 673(2) of the Omnibus Budget Reconciliation Act of 1981 (Pub.L. 97-35). The monthly income standard will be 1/12 of the annual poverty income guideline rounded down to the next whole dollar amount for household unit sizes of one and two for aged, blind, and disabled individuals. The annual revision to the Federal poverty income guideline will be effective for the purposes of this section with the first day of the year for which the poverty income guideline is promulgated.

Special Medicaid/ABD Programs are for individuals with a gross monthly income that is equal to or less than 100% of the Federal Poverty Level, which is \$1,255 per month for a single person in 2024. See MEDICAID COMMUNICATION NO. 24-02.

The Initial Decision upheld the denial, as Petitioner's income exceeded the threshold for 2024 to qualify for the ABD Medicaid program, pursuant to N.J.A.C. 10:71-4.1 (a). ID at 4. I concur with this determination.

The issue at the hearing was the August 15, 2024, denial of Petitioner's ABD application for being over-income. Petitioner received \$3,589 RSDI at the time of application. The threshold for a single individual for the ABD program was \$1,255 in 2024. Petitioner sought to have their expenses used to reduce their income. I agree with the Administrative Law Judge (ALJ) that Petitioner's testimony and documentary evidence about their expenses did not change the fact that Petitioner's monthly countable income exceeded the ABD program's limit. Medicaid determines eligibility based on gross income. Except for a \$20 exclusion, there are no deductions for expenses.

The undisputed evidence in the record indicates that Petitioner's monthly income exceeded the maximum income limit of \$1,255 for a single individual in 2024. No authority permits the relaxation or waiver of income limits in any individual case.

For the reasons set forth above and those contained in the Initial Decision, I conclude that Bergen County correctly determined that Petitioner's household income of \$3569 exceeded the ABD standard of \$1,255 at the time of the denial. Because \$1,255 a month is the maximum allowable income limit for a household of one, \$3569 makes Petitioner over the income limit and ineligible pursuant to N.J.A.C. 10:72-4.1.

Thus, I hereby ADOPT the Initial Decision and uphold Bergen County's denial of Petitioner's application for Medicaid due to over-income.

THEREFORE, it is on this 3rd day of JUNE 2025,

ORDERED:

That the Initial Decision is hereby ADOPTED.

  
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Gregory Woods, Assistant Commissioner  
Division of Medical Assistance and Health Services