



**State of New Jersey**  
OFFICE OF ADMINISTRATIVE LAW

**INITIAL DECISION**

OAL DKT. NO. HMA 12097-25

AGENCY DKT. NO. N/A

**B.A.,**

Petitioner,

v.

**CAMDEN COUNTY BOARD OF SOCIAL  
SERVICES,**

Respondent.

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**Sara Shaji**, for petitioner, pursuant to N.J.A.C. 1:10B-5.1

**Botonya Y. Harris**, Human Support Specialist, for respondent under N.J.A.C.  
1:1-5.4(a)(2)

Record Closed: December 11, 2025

Decided: January 2, 2026

BEFORE **KIMBERLEY M. WILSON**, ALJ:

**STATEMENT OF THE CASE**

Petitioner B.A. appeals a decision from respondent Camden County Board of Social Services (Agency) finding that she was ineligible for NJ FamilyCare/Medicaid benefits because her monthly income and resources exceeded the maximum allowable limit. B.A.'s monthly income and resources exceeded the maximum allowable limit at the

time the Agency considered her March 2025 request for information form, and as a result, B.A. was not eligible for NJ FamilyCare/Medicaid benefits.

### **PROCEDURAL HISTORY**

On or around March 5, 2025, the Agency sent B.A. a request for information letter, indicating that B.A. would lose her existing NJ FamilyCare/Medicaid benefits because she was either receiving Medicare Part A and/or Part B benefits or was eligible for those benefits. (R-1 at 1.) On or around March 17, 2025, B.A. submitted a NJ FamilyCare Aged, Blind, Disabled Programs Request for Information form to the Agency. (Id. at 2–17.) On or around June 18, 2025, the Agency sent a letter to B.A., advising B.A. that her NJ FamilyCare/Medicaid benefits would end on June 30, 2025, because she exceeded the income and resource limits. (Id. at 25–26.)

On or around June 30, 2025, B.A. requested a fair hearing. The Division of Medical Assistance and Health Services (DMAHS) transmitted the matter to the Office of Administrative Law, where it was filed as a contested case on July 9, 2025. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13.

A hearing scheduled for October 16, 2025, was adjourned until December 11, 2025. The hearing took place on December 11, 2025, and the record closed that day.

### **DISCUSSION AND FINDINGS OF FACT**

On or around March 5, 2025, the Agency sent B.A. a request for information letter regarding B.A.'s NJ FamilyCare/Medicaid benefits. (R-1 at 1.) The request for information letter states the following:

You currently have NJ FamilyCare/Medicaid coverage. However, our records show that you will lose your coverage soon because:

You are already on Medicare Part A and/or Part B or you are able to get Medicare benefits. The NJ FamilyCare program that you are on does

not cover people who can get Medicare benefits, as required by regulation 42CFR 435.119(b)(3).

We need more information to see if you qualify for a different NJ FamilyCare/Medicaid program.

[Ibid.]

The request for information letter also states that B.A. had to follow certain instructions to determine whether she qualified for another NJ FamilyCare/Medicaid coverage, including completing and signing a request for information form to determine B.A.'s eligibility for a different NJ FamilyCare program. (Ibid.) If B.A. failed to provide the information the Agency requested, B.A.'s benefits would end. (Ibid.)

On or around March 17, 2025, B.A. submitted a NJ FamilyCare Aged, Blind, Disabled Programs Request for Information form to the Agency. (Id. at 2–17.) According to Botonya Harris, the Agency provided B.A. with a request for information form rather than an application because B.A. was no longer eligible for the Medicaid program benefits that she was receiving.

In the request for information form B.A. returned to the Agency, B.A. indicated that she was disabled and did not need “nursing home like” services. (Id. at 2.) She listed her monthly income as \$1,015 in Social Security benefits and \$716.91 in long-term disability benefits. (Id. at 6.) For her resources, B.A. listed a checking account with TD Bank with a current value of \$3,901.82 and a 401(k) investment account valued at \$15,155.44. (Id. at 9.)

The Agency received a bank statement from B.A. from February 14, 2025, to March 13, 2025, showing a daily balance of \$2,783.50 on February 28, 2025. (Id. at 22.) In evaluating B.A.'s resources, the Agency considered her assets on the last day of the month prior to the month of the application. The Agency also received a statement from Lincoln Financial Group showing an account value of \$13,111.94. (Id. at 23.)

When Agency workers evaluated B.A.'s request for information form, they determined that her countable income was \$1,711, representing the total amount of her monthly Social Security benefits (\$1,015) and long-term disability benefits (\$716.91) and deducting \$20 in income if the applicant was not applying for Medicaid Managed Long-Term Services and Supports (MLTSS). (Id. at 24.) For B.A.'s resources, Agency workers determined that her total liquid resources were \$15,920.44, representing the \$2,783.50 on her bank statement, \$13,111.94 on the Lincoln Financial Group statement, and \$25 in cash. (Ibid.)

Under the DMAHS income standards effective on January 1, 2025, the monthly maximum income amount is \$1,305 and the maximum resource amount is \$4,000. (Id. at 19.) Harris testified that this is the standard used when an applicant does not indicate that they need nursing home-like services under the MLTSS program. The Agency determined that B.A.'s income and resources exceeded these limits and determined that she was ineligible for NJ FamilyCare/Medicaid benefits. (Id. at 24.)

On or around June 18, 2025, the Agency sent a letter to B.A., advising B.A. that her NJ FamilyCare/Medicaid benefits would end on June 30, 2025, because she exceeded the income and resource limits. (Id. at 25–26.)

During the hearing, Shaji asserted that the Agency should have transitioned B.A. into another program because B.A. is disabled.

### **LEGAL DISCUSSION**

Medicaid is a cooperative federal-state venture established by Title XIX of the Social Security Act. 42 U.S.C. § 1396, et seq. It is “designed to provide medical assistance to persons whose income and resources are insufficient to meet the costs of necessary care and services.” Atkins v. Rivera, 477 U.S. 154, 156 (1986); see also 42 U.S.C. § 1396-1; N.J.S.A. 30:4D-2. The New Jersey Medical Assistance and Health Services Act, N.J.S.A. 30:4D-1 to -19.5, created New Jersey's Medicaid program and DMAHS to perform administrative and operational functions related to the program. See

N.J.S.A. 30:4D-4. Once the state joins the program, it must comply with Medicaid statute and federal regulations. Harris v. McRae, 448 U.S. 297, 301 (1980).

Finally, Medicaid benefits must be provided to individuals whose household income is at or below 133 percent of the federal poverty level based on the family size. 42 C.F.R. § 435.119(b)(5) (2025). For aged, blind, and disabled persons, the income limits are based on 100 percent of the poverty income guidelines. N.J.A.C. 10:72-4.1(a). Aged, blind, or disabled persons must also meet resource eligibility criteria in order to be eligible for Medicaid, and they are not eligible for benefits in any month when their countable resources are more than \$4,000 for an individual. N.J.A.C. 10:72-4.5(b).

Because the Agency terminated B.A.'s NJ FamilyCare/Medicaid benefits, the Agency bears the burden of proof by a preponderance of the evidence that B.A.'s benefits were correctly terminated. See WCI-Westinghouse, Inc. v. Edison Twp., 7 N.J. Tax 610, 630 (Tax Ct. 1985), aff'd, 9 N.J. Tax 86 (App. Div. 1986). From the evidence in this record, the Agency has satisfied its burden.

B.A.'s monthly income, as calculated when her request for information form was processed, exceeds the guidelines. Her monthly income is \$1,711, exceeding the maximum amount of allowable monthly income (\$1,305) by over \$400 per month. Her resources were \$15,920.44, more than the \$4,000 maximum resource limit. Based on these calculations alone, B.A. was not eligible for Medicaid benefits when she submitted the request for information form to the Agency in March 2025.

Shaji argues that B.A.'s income and resources did not change for the two years that she received NJ FamilyCare/Medicaid benefits and that there was no reason to terminate B.A. from that program because she was eligible for Medicare. According to 42 C.F.R. § 119(b)(3) (2025), Medicaid benefits must be provided to applicants who, among other criteria, "[a]re not entitled to or enrolled for Medicare benefits." The significant event here is B.A.'s eligibility for Medicare, not necessarily any change in her income and resources, which then required the Agency to determine B.A.'s eligibility for other Medicare programs. While Shaji argues that the Agency should have transitioned B.A. into another Medicaid program, she fails to understand that the Agency's process in

providing B.A. the request for information form in March 2025 was the Agency's attempt to do that. B.A. still needed to satisfy the income and resource limits, which she failed to do.

Accordingly, I **CONCLUDE** that B.A. was not eligible for NJ FamilyCare/Medicaid benefits in March 2025.

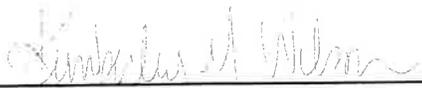
**ORDER**

I **ORDER** that B.A. was not eligible for NJ FamilyCare/Medicaid benefits in March 2025.

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.

January 2, 2026  
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DATE

  
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**KIMBERLEY M. WILSON, ALJ**

Date Received at Agency:

January 2, 2026  
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Mailed to Parties:

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KMW/ml

**APPENDIX**

**Witnesses**

For petitioner:

~~Sara Shaji~~ S. S.

For respondent:

Botonya Harris

**Exhibits**

For petitioner:

P-1 Fair hearing packet containing the following documents:

- Opening statement
- Letter from Agency to B.A. dated June 18, 2025
- Medicaid eligibility worksheet for B.A.
- Letter from Gloria Glass, Community Choice Counselor for New Jersey Department of Human Services, Division of Aging Services, to B.A. dated November 13, 2025
- Emails between Shaji and Harris between November 25, 2025, and December 1, 2025
- Emails among Shaji, Harris, and Melissa Lima between October 10, 2025, and December 8, 2025
- Lincoln Financial Group account summary for B.A. from November 8, 2025, to December 8, 2025
- Installment Sales Contract between B.A. and Morgan Cemetery, Inc. dated December 8, 2025
- Morgan Cemetery Summary of Rules & Regulations
- Morgan Cemetery Receipt
- Page from NJ FamilyCare website regarding eligibility taken on December 11, 2025

- DMAHS income standards effective January 1, 2025

For respondent:

R-1 Fair hearing packet containing the following documents:

- Fair hearing summary
- Request for Information letter from Agency to B.A. dated March 5, 2025
- Request for Information form dated March 17, 2025
- DMAHS income standards effective January 1, 2025
- Cost-of-Living Adjustment (COLA) notice from Social Security Administration to B.A.
- Letter from Reliance Standard Life Insurance Company to B.A. dated May 21, 2025
- Statement of Account for B.A. from February 14, 2025, to March 13, 2025
- Account statement from Lincoln Financial Group to B.A. from January 1, 2025, to March 31, 2025
- Medicaid eligibility worksheet for B.A.
- Letter from the Agency to B.A. dated June 15, 2025