



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

FINAL DECISION

OAL DKT. NO. HMA 11261-23

AGENCY DKT. NO. N/A

C.M.,

Petitioner,

v.

**MIDDLESEX COUNTY BOARD OF
SOCIAL SERVICES,**

Respondent.

C.M., petitioner, pro se

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

Record Closed: January 2, 2024

Decided: January 9, 2024

BEFORE **JEFFREY N. RABIN**, ALJ:

STATEMENT OF THE CASE

Petitioner, C.M., appeals the denial of Medicaid by respondent, Middlesex County Board of Social Services (Board), due to an alleged failure to provide documentation required by the Board, pursuant to N.J.A.C. 10:71-2.2(e)(2), and for being over income, pursuant to N.J.A.C. 10:71-2.1.

PROCEDURAL HISTORY

By Notice dated September 26, 2023, petitioner was advised by respondent Board that the application for Medicaid was denied for failure to provide the required documentation and for being over the income limit. On or about October 6, 2023, petitioner filed an appeal, and the Division of Medical Assistance and Health Services (DMAHS) transmitted the matter to the Office of Administrative Law (OAL), where it was filed on October 25, 2023, as a contested case. N.J.S.A. 52:14B-1 to -15 and N.J.S.A. 52:14F-1 to -13.

A hearing was held by telephone on January 2, 2024, and the record was closed.

FACTUAL DISCUSSION

Based on the testimony at the hearing and the documents provided by the respondent, the following are the undisputed **FACTS** of this case:

1. Petitioner, C.M., submitted a Medicaid application for a one-person household on July 7, 2023, for the New Jersey Care, Special Medicaid Program. (Exhibit R-1, document A.) The Board asked for additional verification documents, and petitioner provided all but one set of documents, those being Venmo spending statements, which were never received by the Board. Petitioner did not deny that this documentation remained outstanding.
2. Petitioner received \$1,682.90 in monthly Social Security income. (Exhibit R-1, document C.) The income limit for a one-person household was \$1,215 per month. (Exhibit R-1, document D.)

LEGAL ANALYSIS

The issue is whether the Board properly denied petitioner's application for Medicaid because the petitioner failed to provide requested documentation pursuant to

N.J.A.C. 10:71-2.2(e)(2) and for being over the income limit, pursuant to N.J.A.C. 10:71-2.1.

Medicaid is a joint federal and state program established by Title XIX of the Social Security Act. 42 U.S.C. § 1396 et seq. The purpose of Medicaid is “to provide medical assistance to persons whose income and resources are not sufficient to meet the costs of necessary care and services.” L.M. v. Div. of Med. Assistance and Health Servs., 140 N.J. 480, 484 (1995) (quoting Atkins v. Rivera, 477 U.S. 154, 156 (1986)). Participation by a state in Medicaid is optional, and those who elect to participate must comply with the requirements imposed by federal law. Harris v. McRae, 448 U.S. 297, 301 (1980).

New Jersey participates in the Medicaid program through the enactment of the New Jersey Medical Assistance and Health Services Act, N.J.S.A. 30:4D-1.2 to N.J.S.A. 30:4D-19.1, and the regulations promulgated thereto (Title 10 of the New Jersey Administrative Code).

A county board is responsible for completing the application process with an applicant. N.J.A.C. 10:71-2.2(c). Pursuant to N.J.A.C. 10:71-2.2(e), an applicant is a participant in the application process. N.J.A.C. 10:71-2.2(e)(1) requires that an applicant complete an application with help from the Board, and shall “[c]omplete . . . any forms required by the CWA [County Welfare Agency] as part of the application process.” N.J.A.C. 10:71-2.2(e)(2) requires that an applicant “[a]ssist the CWA in securing evidence that corroborates his or her statements”

Subsequent to petitioner submitting a Medicaid application, the Board requested additional verification documents. Petitioner provided all but one set of documents, that being Venmo spending statements, which were never received by the Board. Petitioner did not deny that this documentation remained outstanding.

I **CONCLUDE** that petitioner failed to provide all documentation requested by the Board in order to complete its review of her Medicaid application.

N.J.A.C. 10:71-2.1 says a person shall be denied Medicaid when they do not meet eligibility standards, and that poverty level calculations shall be used for eligibility. Per Medicaid Communication No. 23-02 dated February 22, 2023, setting forth the Federal Poverty Level (FPL) calculations for 2023, the maximum allowable income for a one-person household applicant at 100% FPL for the New Jersey Care, Special Medicaid Programs is \$1,215. (Exhibit R-1, document D.)

Per N.J.A.C. 10:71-54(a)(3)(i), gross Social Security income is includable income for purposes of Medicaid eligibility. Petitioner's gross Social Security income was \$1,682.90 per month. (Exhibit R-1, document C.)

As petitioner's gross monthly income of \$1,682.90 exceeded the maximum allowable income level of \$1,215 for a one-person household applicant at 100% FPL, I **CONCLUDE** that petitioner failed to meet the income eligibility requirement.

I therefore **CONCLUDE** that the Board acted properly in denying petitioner's application for Medicaid.

ORDER


It is **ORDERED** that the decision of the Middlesex County Board of Social Services denying petitioner's Medicaid application is hereby **AFFIRMED**.

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 9, 2024
DATE



JEFFREY N. RABIN, ALJ

Date Received at Agency:

Date Mailed to Parties:

JNR/jm

APPENDIX

WITNESSES

For petitioner

C.M., petitioner

For respondent

Betsy Abreu, Human Services Specialist 3

EXHIBITS

For petitioner

None

For respondent

R-1 Board Hearing Packet