

State of New Jersey DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES P.O. Box 712 Trenton, NJ 08625-0712

ELIZABETH CONNOLLY Acting Commissioner

> VALERIE HARR Director

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

P.E.,	
PETITIONER,	ADMINISTRATIVE ACTION
ν.	FINAL AGENCY DECISION
DIVISION OF MEDICAL ASSISTANCE	OAL DKT. NO. HMA 8106-2015
& HEALTH SERVICES &	
ESSEX COUNTY BOARD OF	
SOCIAL SERVICES,	
RESPONDENTS.	к.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision, the OAL case file and the documents filed below. No exceptions were filed in this matter. Procedurally, the time period for the Agency Head to file a Final Agency Decision is August 24, 2015, in accordance with <u>N.J.S.A</u>. 52:14B-10 which requires an Agency Head to adopt, reject, or modify the Initial Decision within 45 days of receipt. The Initial Decision in this matter was received on July 9, 2015.

CHRIS CHRISTIE Governor

KIM GUADAGNO Lt. Governor Petitioner was denied Medicaid benefits through a letter issued in May 2015. The denial was upheld and I concur that Petitioner is not eligible. However, I must correct several mistakes in the actions below.

First, Petitioner's denial letter cites 42 CFR § 435.119(b)(3) which prohibits Medicaid expansion from covering individual who are eligible to receive Medicare. Here Petitioner, who has just been determined eligible for SSD benefits in 2014, will entitled to Medicare in two years or 2016. See 42 CFR § 406.12. Until that time he can establish Medicaid eligibility if his income is below the maximum set under based upon an applicant's modified adjusted gross income (MAGI). See 42 CFR § 435.603. Petitioner currently receives Social Security Disability benefits (SSD) and produced a benefits letter that stated he received \$1,341 in 2014. With the cost of living increase effective January 2015, he now stands to receive \$1,363 a month. Indeed that is the amount that is attached to the denial notice. In 2015 the maximum income was \$1,354 which renders him ineligible. Med. Comm. No. 15-03.

Based on my review of the record and the correct law, I FIND that Petitioner is not eligible for Medicaid benefits. Thus, I ADOPT the Initial Decision with the modifications set forth above.

THEREFORE, it is on this /1 day of AUGUST 2015 ORDERED:

That the Initial Decision is hereby ADOPTED as modified above.

Jalerie An

Valerie Harr, Director Division of Medical Assistance and Health Services

2