State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 02560-26

Medicaid Only
Excess Income Appeal
N.J.A.C. 10:71-5

D.C.

Petitioner,

v.

MIDDLESEX COUNTY BOARD OF SOCIAL SERVICES,

Respondent.

For petitioner: D.C., petitioner, pro se

For respondent: Kurt Eichenlaub, HSS 3, appearing under N.J.A.C. 1:1-5.4(a)(3)

BEFORE: GAURI SHIRALI SHAH, ALJ

STATEMENT OF THE CASE

Respondent denied petitioner's Medicaid Only application due to excess income under N.J.A.C. 10:71-5.6.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

I.

☑ I **FIND** that petitioner or petitioner's representative is **AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that petitioner has **STANDING** to pursue this appeal.

☐ I **FIND** that petitioner or petitioner's representative is **NOT AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that petitioner has **NO STANDING** to pursue this appeal.

II.

I **FIND** that petitioner's:

(1) Earned income is $ 0 (N.J.A.C. 10:71-5.2, -5.4)

(2) Unearned income is $ 1,425 (N.J.A.C. 10:71-5.2, -5.4)

(3) Income exclusions total $ 20 (N.J.A.C. 10:71-5.3)

(4) Countable income totals $ 1,405 (N.J.A.C. 10:71-5.4(b))

(5) The applicable income eligibility standard is $ 1,305 (N.J.A.C. 10:71-5.6)

III.

☑ I **CONCLUDE** that petitioner is over the applicable income limit and is therefore income **INELIGIBLE** for Medicaid Only benefits under N.J.A.C. 10:71-5.6.

☐ I **CONCLUDE** that petitioner is not over the applicable income limit and is therefore income **ELIGIBLE** for Medicaid Only benefits as of _____ (*fill in date of eligibility*) under N.J.A.C. 10:71-5.6.

ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW

Petitioner D.C. was terminated from Medicaid based on information provided in a renewal application. When D.C. was previously receiving Medicaid, she had no income. In February 2025, Petitioner became eligible for Social Security RSDI benefits of $1,425 per month, which increased to $1,465 per month in 2026. D.C. is eligible for and receiving Medicare benefits. Petitioner does not dispute the income imputed to her.

ORDER

I **ORDER** that:

☐ Petitioner's appeal is **DISMISSED** because petitioner has **NO STANDING**.

☑ Petitioner is income **INELIGIBLE** for Medicaid Only benefits under N.J.A.C. 10:71-5.6.

☐ Petitioner is income **ELIGIBLE** for Medicaid Only benefits as of _____ under N.J.A.C. 10:71-5.6.

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.

May 19, 2026
DATE

GAURI SHIRALI SHAH , ALJ

Date Record Closed: 05/15/2026

Date Filed with Agency: _____

Date Sent to Parties: _____

APPENDIX

Witnesses

For Petitioner:

D.C.

For Respondent:

Kurt Eichenlaub, Human Services Specialist 3

Exhibits

For Petitioner:

None

For Respondent:

Exhibit A NJ FamilyCare ABD Renewal Application dated December 29, 2025

Exhibit B Adverse Action Notice dated January 5, 2026, and request for hearing

Exhibit C Proof of Income for Social Security Administration

Exhibit D Medicaid Income Limits for 2025 and 2026