State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 00543-26

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

M.Y.

Petitioner,

v.

Bergen County Board of Social Services

Respondent.

For petitioner: M.Y., pro se

For respondent: Jill Cotter, for respondent, under N.J.A.C. 1.1-5.4(a)(3)

BEFORE: Patrice E. Hobbs, 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 $ 1460 (N.J.A.C. 10:71-5.2, -5.4)

(2) Unearned income is $ 503.33 (N.J.A.C. 10:71-5.2, -5.4)

(3) Income exclusions total $ $20.00 (N.J.A.C. 10:71-5.3)

(4) Countable income totals $ 1943.33 (N.J.A.C. 10:71-5.4(b))

(5) The applicable income eligibility standard is $ 1763.00 (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

M.Y. lives with his wife. They live in their daughter's home.

M.Y. has income of $1024.
His wife has income of $436.
His total earned income for the household is $1460.00.
Allowable deductions are $20.
Net Earned Income is $1440

He lives in his daughter's home and she pays all of their expenses. The household expenses are:
Taxes $1297.73
Mortgage $1807.43
PSEG $87.32
Water $51.53
TOTAL Expenses: $3244.03.

Per person share of household expenses are $3244.03/3 which is $1081.35. The unearned income for persons who live in the household of another is $503.33.

His total income is $1440 + $503 =$1943.33.
In 2025, at the time of his application, the income limit for a household of 2 is $1763.

M.Y. is over the income limits and is INELIGIBLE for Medicaid Only benefits under N.J.A.C. 10:71-5.6.

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.

March 9, 2026
DATE

Patrice E. Hobbs
Patrice E. Hobbs, ALJ

Date Record Closed: 03/05/2026

Date Filed with Agency: 03/09/2026

Date Sent to Parties: 03/09/2026

APPENDIX

Witnesses

For Petitioner:

M.Y.

For Respondent:

Jill Cotter, Fair Hearing Liaison Officer for Bergen County

Exhibits

For Petitioner:

P-1- Petitioner's Packet

For Respondent:

R-1 - Hearing Packet