



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

**INITIAL DECISION**

OAL DKT. NO. HMA 09400-2024

A.E.

\_\_\_\_\_  
\_\_\_\_\_

Petitioner,

v.

Atlantic County Dept. of Family

& Community Development

Respondent.

***N.J. Family Care  
Excess Income Appeal  
42 CFR 435.119(b)(5)***

**STATEMENT OF THE CASE**

Respondent denied petitioner's N.J. Family Care application due to excess income under 42 CFR 435.119(b)(5)

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

- ☒ I **FIND** that petitioner or petitioner's representative is **AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that standing has been established.
- ☐ I **FIND** that petitioner or petitioner's representative is **NOT AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that standing has not been established.

**II.**

**I FIND** that petitioner's:

Earned income is \$ 3,276.31

Unearned income is \$ 0

Income exclusions total \$ 0

Countable income totals \$ 3,276.31

The applicable income eligibility standard is \$ 2,351

**III.**

☒ **I CONCLUDE** that petitioner is over the applicable income limit and is therefore income **INELIGIBLE** for N.J. Family Care under 42 CFR 435.119(b)(5).

☐ **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 submitted current paystubs for October 2024 showing gross weekly wages of \$620, which when multiplied by 4.333 equaled \$2,681.46 per month which was still in excess of the \$2,351 income eligibility limit pursuant to 42 CFR 435.119 (b) (5)

(P-1)

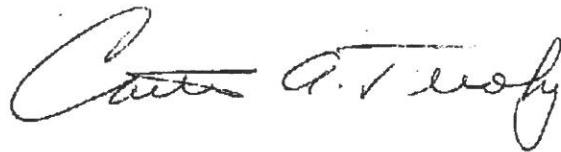
**ORDER**

I **ORDER** that:

- ☐ Petitioner's appeal is **DISMISSED** because petitioner has no standing.
- ☒ Petitioner is income **INELIGIBLE** for N.J. Family Care Medicaid benefits under 42 CFR 435.119(b)(5)
- ☐ 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.



November 4, 2024

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CATHERINE A TUOHY, ALJ

Date Record Closed:

\_\_\_\_\_  
November 1, 2024

Date Filed with Agency:

Date Sent to Parties:

\_\_\_\_\_  
\_\_\_\_\_

**APPENDIX**

**WITNESSES**

**For Petitioner:**

A.E.

**For Respondent:**

Tatia Johnson, Medicaid Supervisor

**EXHIBITS**

**For Petitioner:**

P-1 Various emails between Ms. Johnson and petitioner including paystubs and Calculations (five pages)

**For Respondent:**

R-1 CWA Submission packet (twenty-eight pages)