



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 02086-2024

Enrico Pipoli

Petitioner,

v.

Monmouth County Division

of Social Services

Respondent.

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

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 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 \$ _____ (N.J.A.C. 10:71-5.2, -5.4);
Unearned income is \$ 1,559.00 _____ (N.J.A.C. 10:71-5.2, -5.4);
Income exclusions total \$ _____ (N.J.A.C. 10:71-5.3);
Countable income totals \$ _____ (N.J.A.C. 10:71-5.4(b)); and
The applicable income eligibility standard is \$ 1,215.00 _____ (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

The petitioner admitted that his social security income was _____
as reported but had increased to \$1,609. He contended that he _____
did not have sufficient time to apply for another program. The _____
termination letter advised him to contact the Medicare Savings _____
Program from the Department of Human Services, however, he failed to do so. _____

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.

July 26, 2024

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:

Kim C. Belin

Kim C. Belin

, ALJ

07/16/2024

APPENDIX

Witnesses

For Petitioner:

E.P.

For Respondent:

Tanisha Hundley, FHL

Exhibits

For Petitioner:

None

For Respondent:

R-1 NJ Family Care Action Sheet dated January 3, 2024, and application dated October 16, 2023

R-2 SOLQ Response Screen dated December 12, 2023, and Medicaid Income Work Sheet 2023 dated January 3, 2024

R-3 Termination letter dated February 1, 2024

R-4 DMAHS Income Standards Effective January 1, 2023
