



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 08257-24

H.B.

Petitioner,

v.

BURLINGTON COUNTY

BOARD 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 \$4,485.32 (N.J.A.C. 10:71-5.2, -5.4);
Unearned income is \$NA (N.J.A.C. 10:71-5.2, -5.4);
Income exclusions total \$NA (N.J.A.C. 10:71-5.3);
Countable income totals \$4,485.32 (N.J.A.C. 10:71-5.4(b)); and
The applicable income eligibility standard is \$2,970 (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 and her two children were recertified in June of 2019
under the New Jersey Family Care(NJFC) Affordable health
coverage. During the COVID pandemic no one was re-certified.
On April 28, 2024, the respondent received petitioner's NJFC
re-certification application. H.B. is employed by Towers Watson
Delaware. Her bi-weekly salary totals \$2,069.83. Her monthly salary is
\$4485.32. Pursuant to Medicaid Communication No. 24-02, income eligibility standard
under the Federal Poverty Level (FPL), guideline, the maximum income for a
family of three to receive benefits is \$2,970 a month. The petitioner's household monthly
income is \$4,485.32 which is over the maximum income for a family of three.
Therefore, the petitioner is not eligible for NJFC benefits.

ORDER

I **ORDER** that:

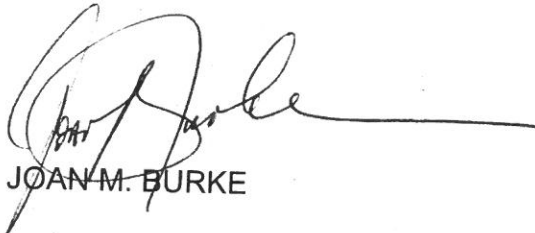
- ☐ Petitioner's appeal is **DISMISSED** because petitioner has no standing.
- ☒ Petitioner is income **INELIGIBLE** for Medicaid Only benefits under N.J.A.C. 10:71-5.6.
- ☐ Petitioner is income **ELIGIBLE** for Medicaid Only benefits as of _____ under N.J.A.C. 10:71-5.6.

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.

07/15/2024

DATE


JOAN M. BURKE

Date Record Closed:

July 10, 2024

Date Filed with Agency:

July 15, 2024

Date Sent to Parties:

July 16, 2024

APPENDIX

Witnesses

For Petitioner:

H.B.

For Respondent:

Christine Gwin, Legal Supervisor

Exhibits

For Petitioner:

NONE

For Respondent:

Case Summary

R-A Medicaid Screen

R-B NJFamilyCare Application, April 28, 2024

R-C Equifax Pay Report

R-D Medicaid Communication No. 24-02, March 1, 2024; DMAHS Income Standards
January 1, 2024

R-E Ineligibility Determination Letter, May 10, 2024
