



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 10018-2024

K.J.

Petitioner,

v.

ATLANTIC COUNTY DEPARTMENT OF
FAMILY AND COMMUNITY DEVELOPMENT

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 \$3,769.74 (N.J.A.C. 10:71-5.2, -5.4);
Unearned income is \$ (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 \$3,492 (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 submitted an application on June 26, 2024. An Equifax report run by the Agency on that same date showed that the gross amounts of petitioner's last four weekly paychecks were: \$920 (June 21, 2024); \$800 (June 14, 2024); \$1,000.03 (June 7, 2024); and \$760 (May 31, 2024). (R-1, page 13.) The Agency calculated petitioner's average weekly income to be \$3,769.74. (R-1, page 12.) The Agency denied the application on June 27, 2024. I note that the eligibility determination letter lists the incorrect monthly program limit as \$2,351. The correct monthly income limit is \$3,492. (R-1, pages 1-2, and page 16.) The petitioner disputes that she makes that amount of money. She testified that she works as a substitute teacher so the amount of hours that she works fluctuates during the school year and she is unemployed during the summer. She testified that when she applied, she was beginning on unemployment for the summer months as she always does. She did disclose her unemployment status and the fact that she is pregnant on her application. (R-1, page 6.) However, petitioner is back to work now. She will go out on disability around early December for her pregnancy and should reapply anytime her circumstances change.

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.

09/23/2024

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:

Rebecca C. Lafferty

Rebecca C. Lafferty

, ALJ

09/20/2024

APPENDIX

Witnesses

For Petitioner:

K.J.

For Respondent:

Tjode Orlandini, Medicaid Supervisor

Exhibits

For Petitioner:

None

For Respondent:

R-1*

*Moved into evidence over petitioner's assertion that the income information is incorrect.