



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 06045-24

K.G.,

Petitioner,

v.

Mercer 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 \$ 3,359.54 /mo (N.J.A.C. 10:71-5.2, -5.4);
Unearned income is \$ 0 (N.J.A.C. 10:71-5.2, -5.4);
Income exclusions total \$ 0 (N.J.A.C. 10:71-5.3);
Countable income totals \$ 3,359.54/mo (N.J.A.C. 10:71-5.4(b)); and
The applicable income eligibility standard is \$ 1,732.00/mo (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, K.G., is a school bus driver who does not get paid

when school is closed. K.G. applied for NJ FamilyCare in

December 2023.

K.G.'s income varies during the year and is based on when school is in session. K.G.'s unemployment benefit statement shows that her 2023 total base wages for forty weeks was \$28,695.15. (R-6.) The annual income eligibility limit for Medicaid in 2023 was \$20,121. I **CONCLUDE** that even with K.G.'s varying work schedule her yearly gross income exceeds the annual eligibility limit, and is therefore not eligible for Medicaid 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



MAMTA PATEL, ALJ

Date Record Closed:

07/08/2024

Date Filed with Agency:

07/15/2024

Date Sent to Parties:

07/15/2024

APPENDIX

Witnesses

For Petitioner:

K.G. Pro Se

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Sheree McGowan - Supervisor of Medicaid Benefits Unit

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For Respondent:

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Exhibits

For Petitioner:

None

For Respondent:

R-1 - NJ FamilyCare Application

R-2 - Earnings Statements/March 2023 Paystubs

R-3 - NJ FamilyCare MAGI Output

R-4 - Adverse Action Notice dated April 3, 2024

R-5 - 42 CFR 435.119(B)5

R-6 - Unemployment Statement for K.G. dated June 23, 2024