

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.

10/07/2024

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:



Allison Friedman

, ALJ

10/04/2024

10/7/2024

10/7/2024

APPENDIX

Witnesses

For Petitioner:

L.L.

For Respondent:

Julie Ibrihiem Human Specialist 3

Exhibits

For Petitioner:

For Respondent:

R-1 NJ Family Care Aged, Blind, Disabled Medicaid application

7/31/2024

R-2 Social Security Income Verification

R-3 PA-1E Medicaid Eligibility Worksheet

approved on 9/8/2024

R-4 Noification of ineligibility 9/8/2024

R-5 Letter from L.S.L. regarding his Fair Hearing Request

R-6 Emails to and from L.S.L.

R-7 N.J.A.C.10:72-4.1(a),10:71-5.4,10:71-5.3,10:71-5.2 and

Medicaid Communication No. 24-02