

State of New Jersey OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 11779-24

L.S.L.

Petitioner,

V.

OCEAN 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.

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.

Π.

I FIND that petitioner's:	
Earned income is \$0	
Earned income is \$0 Unearned income is \$1,421.70	(N.J.A.C. 10:71-5.2, -5.4)
Income exclusions total \$ 20	(N.J.A.C. 10:71-5.2, -5.4)
Countable income total : @1.401.70	(N.J.A.C. 10:71-5.3)
The applicable income eligibility standard is \$_1,255	(N.J.A.C. 10:71-5.4(b))
III.	(N.J.A.C. 10.71-5.6)
✓ 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.	
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	

ORDER

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:

Afor Frah

Allison Friedman

10/04/2024

, ALJ

10/7/2024

10/7/2024

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APPENDIX

<u>Witnesses</u>

For Petitioner:

L.L.

For Respondent:

Julie Ibriihiem Human Specialist 3

For Petitioner:

Exhibits

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