



**State of New Jersey**  
OFFICE OF ADMINISTRATIVE LAW

**INITIAL DECISION**

OAL DKT. NO. HMA 07861-2024

P.G.

\_\_\_\_\_  
\_\_\_\_\_

Petitioner,

v.

Cape May 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 \$0 (N.J.A.C. 10:71-5.2, -5.4);  
Unearned income is \$3,537 (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 \$3,537 (N.J.A.C. 10:71-5.4(b)); and  
The applicable income eligibility standard is \$1,255 (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 testified sincerely and extensively about his very  
serious medical conditions and the very expensive medications and  
treatments that he requires to maintain his current heart  
function and to try to avoid a heart transplant.

Petitioner is a retired professional pilot and he testified that he is unable to work due to  
his medical conditions. He further testified that he is unable to find work that does  
not require lifting or strenuous activity and thus he is not able to qualify for other  
available programs.

While petitioner's situation is certainly sympathetic, it is undisputed that his monthly  
Social Security benefits exceed the maximum income level for a one-person  
household in order to qualify 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.

07/08/2024

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:

*Rebecca C. Lafferty*

Rebecca C. Lafferty

, ALJ

07/03/2024

07/08/2024

**APPENDIX**

**Witnesses**

**For Petitioner:**

P.G.

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**For Respondent:**

Melissa Alvord, HSS3

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## Exhibits

**For Petitioner:**

None

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**For Respondent:**

R-1 Fair Hearing packet (23 pages)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.