



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

FINAL DECISION

OAL DKT. NO. HMA 08070-24

R.V.

Petitioner,

v.

ESSEX 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 \$ 2,574.00/ per month (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 \$ _____ (N.J.A.C. 10:71-5.3)
Countable income total is \$ 2,574.00 (N.J.A.C. 10:71-5.4(b))
The applicable income eligibility standard is \$ 1,732.00 (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, R.V., applied for NJ Family Care on 5/1/2024. R.V.
was employed at Innovations Wall Paper Installations, he reported
monthly income of \$2,574.00 for month of April 2024. R.V.
provided pay stubs to Agency as proof. R.V. admitted income for
April 2024. R.V.'s HH is 1 adult no children. Respondent
Agency confirmed that maximum income for HH of one is \$1,732 and
is over the federal minimum as per 42 CFR 435.118 (R-1). Agency
notified R.V. by letter of 5/1/2024 of its adverse decision. R.V.
acknowledges receipt of adverse letter. R.V. filed Fair Hearing
and this matter was then transferred to Office of Administrative
LAW (OAL) on 6/14/2024. Agency had no case file and relied
on computer case notes and case summary. R.V. did not dispute
his income in April 2024, and being over the income allowed
to continue receiving Medicaid.

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.

12/13/2024

DATE _____

Julio Morejon
JULIO C. MOREJON, ALJ

Date Record Closed:

11/25/2024

Date Filed with Agency:

12/13/2024

Date Sent to Parties:

12/13/2024

APPENDIX

Witnesses

For Petitioner:

R.V.

For Respondent :

Lauren Forbes

Exhibits

For Petitioner:

NONE

For Respondent:

R-1 CASE NOTES, CASE SUMMARY AND NJ FAMILY CARE APP. (11 PGS).
