



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

**INITIAL DECISION**

OAL DKT. NO. HMA 07883-24

T.D.

\_\_\_\_\_  
\_\_\_\_\_  
Petitioner,

v.

Middlesex 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 \$ 1,783 (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 \$ 1,783 (N.J.A.C. 10:71-5.4(b)); and  
The applicable income eligibility standard is \$ 1,704 (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**

I note the the following additional information. Based upon prehearing discussions between petitioner and respondent, Middlesex County Board of Social Services, a Joint Stipulation of Facts were proposed which was marked as J-1. I went over each stipulation independently with petitioner and respondent. Both agreed as to the facts as set forth under J-1, and J-1 was admitted into evidence. Additionally and by the agreement of both parties, R-1, R-2, R-3, and R-4, were admitted into evidence in support of the stipulations set forth as J-1.

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**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.

11/12/2024

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:



Robert D. Herman, ALJ

10/23/2024

**APPENDIX**

**Witnesses**

**For Petitioner:**

T.D.

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**For Respondent:**

Kurt Eichenlaub, Fair Hearing Liaison

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**Exhibits**

**For Petitioner:**

J-1 Joint Stipulation of Facts, dated October 21, 2024 (1 page)

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**For Respondent:**

J-1 Joint Stipulation of Facts, dated October 21, 2024 (1 page)

R-1 Petitioner's Medicaid application, dated January 3, 2024 (8 pages)

R-2 Medicaid denial letter, dated May 31, 2024; various N.J.A.C. regulations (9 pages)

R-3 DOVE report showing Social Security Income (2 pages)

R-4 NJDHS Medicaid Communication No. 24-02, dated March 1, 2024 (3 pages)

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