



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 05745-2024

T.H.

Petitioner,

v.

Burlington 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 \$ 5,562.45 (N.J.A.C. 10:71-5.2, -5.4);

Unearned income is \$ 547 (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 \$ 6,109.45 (N.J.A.C. 10:71-5.4(b)); and

The applicable income eligibility standard is \$ 3,588 (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

The above earned income amount includes earned income for both

petitioner, T.H. (\$2,768.87), and B.H. (\$2,793.59). B.H. is

T.H.'s nineteen year-old son who is a household member. The

income eligibility standard that applies is that for a four-

person household (two adults and two children).

The application date was February 4, 2024, so the DMAHS income eligibility

standards effective January 1, 2024 (not January 1, 2023), are the correct

standards to utilize in this matter. Thus, the correct applicable income eligibility level

is \$3,588, and not \$3,450 as testified to by the respondent.

Petitioner asserted that her income changed by the time the denial was issued. T.H. was advised to reapply if her circumstances have changed.

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.

06/19/2024

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:

Rebecca C. Lafferty

Rebecca C. Lafferty

, ALJ

06/18/2024

APPENDIX

Witnesses

For Petitioner:

T.H.

For Respondent:

Catherine Kadar, Paralegal Specialist

Exhibits

For Petitioner:

None

For Respondent:

R-1 Fair Hearing packet (consisting of thirteen pages)
