



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

**INITIAL DECISION**

OAL DKT. NO. HMA 10074-24

B.G.,

Petitioner,

v.

Hudson County Department of Family 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 \$ 1,143 per month (N.J.A.C. 10:71-5.2, -5.4);

Unearned income is \$ 1138 per month (N.J.A.C. 10:71-5.2, 5.4);

Income exclusions total \$ \_\_\_\_\_ (N.J.A.C. 10:71-5.3);

Countable income totals \$\_\_\_\_\_ (N.J.A.C. 10:71-5.4(b)); and

The applicable income eligibility standard is \$ 2,281 per month (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 7/31/2024 (fill in date of eligibility) under N.J.A.C. 10:71-5.6.

**ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW**

[illegible]

**ORDER**

I **ORDER** that:

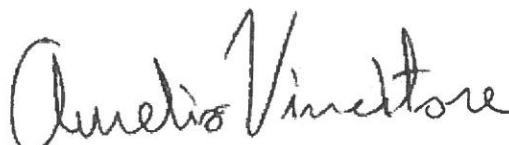
- ☐ Petitioner's appeal is **DISMISSED** because petitioner has no standing.
- ☐ Petitioner is income **INELIGIBLE** for Medicaid Only benefits under N.J.A.C. 10:71-5.6.
- ☒ Petitioner is income **ELIGIBLE** for Medicaid Only benefits as of 7/31/2024 under N.J.A.C. 10:71-5.6.

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.

January 27, 2025

DATE



AURELIO VINCITORE, ALJ

Date Record Closed:

January 3, 2025

Date Filed with Agency:

January 27, 2025

Date Sent to Parties:

**APPENDIX**

**Witnesses**

**For Petitioner:**

**Sumesh Sharma, Husband of Petitioner**

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**For Respondent:**

**Chantel McFadden, Hudson County Family Services- Human Services Specialist 4**

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## Exhibits

**For Petitioner:**

**P-1 N.J.A.C. 10:78-4.3 (B) 1**

**P-2-2a 10:71-5.4 Line 2**

**P-3 10:71-5.4 Line 10**

**P-4 Fax Form 1040 for 2023****P-5 Schedule C for 2023****P-6 Schedule E for 2023**

### **P-7 Schedule C line 10 Deductions**

## P-8 Schedule E line 19 Deductions

## P-9 Car Insurance Deductions

## **P-10 Medicaid Expenses Deductions Guidelines**

**P-11** Renewal Application Page 10 G-1, G-2

**P-12 Letter from McFadden dated July 5, 2024**

**P-13 Calculations by McFadden**

### P-14 New Calculations

**P-15 Amended Schedule C**

**For Respondent:**

**R-1      Hearing Packet**