



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 08081-24

D.C.

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 \$ 0 (N.J.A.C. 10:71-5.2, -5.4)

Unearned income is \$ 1,720.00 (N.J.A.C. 10:71-5.2, -5.4)

Income exclusions total \$ 20.00 (N.J.A.C. 10:71-5.3)

Countable income total is \$ 1,700.00 (N.J.A.C. 10:71-5.4(b))

The applicable income eligibility standard is \$ 1,255.00 (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

Respondent Essex County conducted a redetermination of petitioner, D.C

in March 2024. Respondent determined and petitioner confirmed

that her unearned income for RSDI in March 2024 was \$1,720.

Erica Sampson, Family Service Worker, testified that petitioner

has a household of one and exceeds the applicable income

eligibility standard by \$445 (R1 and R2). Petitioner did not

dispute respondent's determination.

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.

02/11/2025

DATE

JULIO C. MOREJON, ALJ

Date Record Closed:

01/22/2025

Date Filed with Agency:

02/11/2025

Date Sent to Parties:

02/11/2025

APPENDIX

Witnesses

For Petitioner:

D.C.

For Respondent:

ERICA SAMPSON, Family Service Worker

Exhibits

For Petitioner:

N/A

For Respondent:

R-1 ADVERSE ACTION LETTER 4/19/2024

R-2 CASE SUMMARY
