



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

**INITIAL DECISION**

OAL DKT. NO. HMA 01013-24

D.C. \_\_\_\_\_  
\_\_\_\_\_

Petitioner,

v.

MONMOUTH COUNTY DIVISION  
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 \$ \_\_\_\_\_ (N.J.A.C. 10:71-5.2, -5.4);

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

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

Countable income totals \$ 14,981 (N.J.A.C. 10:71-5.4(b)); and

The applicable income eligibility standard is \$ 2,742 (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's application was denied based on being over income. The Qualified Income Trust (QIT) was not properly funded when petitioner deposited the net pension totaling \$2,723.27, instead of depositing the gross pension totaling \$3,272 into the QIT.

Petitioner's QIT lists a pension deposit totaling \$2,723.27 (net amount) and an annuity deposit totaling \$11,709 into the QIT.

Income eligibility is based on applicant's gross income less any excludable income. N.J.A.C. 10:71-5.4. The gross amount of petitioner's pension should have been listed on Schedule A and deposited monthly into petitioner's QIT account.

Petitioner's application was denied based on being over income.

**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.

06/17/2024

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:



MARY ANN BOGAN

, ALJ

06/05/2024

**APPENDIX**

**Witnesses**

**For Petitioner:**

None

---

---

---

---

---

---

---

---

---

---

---

**For Respondent:**

None

---

---

---

---

---

---

---

---

---

---

---

**Exhibits**

**For Petitioner:**

Brief

**For Respondent:**

Brief and exhibits:

R-1 MLTSS application

R-2 RFI

R-3 QIT bank statement

R-4 NJ Med Com 14-15 and 42 U.S.C. 1396p (d) (4)(B)

R-5 Denial letter

R-6 QIT schedule A

R-7 Pension statements

R-8 Precedent case of State final decision OAL DKT. NO. HMA 03194-23

R-9 42 U.S.C. 1396-1