State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 05255-2026

New Jersey Care . . . Special Medicaid
Excess Income Appeal
N.J.A.C. 10:72-4

L.M.

Petitioner,

v.

CUMBERLAND COUNTY
BOARD OF SOCIAL SERVICES

Respondent.

For petitioner: L.M.

For respondent: Sandra Vanculin, FHL

BEFORE: WILLIAM T. COOPER III, ALJ

STATEMENT OF THE CASE

Respondent denied petitioner's Special Medicaid application due to excess income under N.J.A.C. 10:72-4.1.

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 petitioner has **STANDING** to pursue this appeal.

☐ I **FIND** that petitioner or petitioner's representative is **NOT AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that petitioner has **NO STANDING** to pursue this appeal.

II.

I **FIND** that petitioner's:

(1) Earned income is $0 (N.J.A.C. 10:72-4.4; N.J.A.C. 10:71-5)

(2) Unearned income is $2,243. (N.J.A.C. 10:72-4.4; N.J.A.C. 10:71-5)

(3) Income exclusions total $20 (N.J.A.C. 10:72-4.4; N.J.A.C. 10:71-5)

(4) Countable income total $2,223. (N.J.A.C. 10:72-4.4; N.J.A.C. 10:71-5)

(5) The applicable income eligibility standard under N.J.A.C. 10:72-4.1 is:

☑ $1,305(Household of 1) ☐ $1,763 (Household of 2)

III.

☑ I **CONCLUDE** that petitioner is over the applicable income limit and is therefore income **INELIGIBLE** for Special Medicaid benefits under N.J.A.C. 10:72-4.1.

☐ I **CONCLUDE** that petitioner is not over the applicable income limit and is therefore income **ELIGIBLE** for Special Medicaid benefits as of _____ (*fill in date of eligibility*) under N.J.A.C. 10:72-4.1.

ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW

New monthly income eligibility standard is $1,330 and petitioner agrees that her monthly household income exceeds this amount. However, the petitioner feels that the federal governemnt is not doing enough to assist seniors, like herself, who are facing financial hardships. Although she recognized her application was properly denied she wants to create a record to bring this problem to the attention of the federal government.

ORDER

I **ORDER** that:

☐ Petitioner's appeal is **DISMISSED** because petitioner has **NO STANDING**.

☑ Petitioner is income **INELIGIBLE** for Special Medicaid benefits under N.J.A.C. 10:72-4.1.

☐ Petitioner is income **ELIGIBLE** for Special Medicaid benefits as of _____ under N.J.A.C. 10:72-4.1.

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.

May 22, 2026
DATE

WILLIAM T. COOPER III, ALJ

Date Record Closed: May 6, 2026

Date Filed with Agency: _____

Date Sent to Parties: _____

APPENDIX

Witnesses

For Petitioner:

L.M.

For Respondent:

Sandra Vanculin, FHL

Exhibits

For Petitioner:

P-1 Fair Hearing submission (10 pages).

For Respondent:

R-1 Fair Hearing submission (20 pages).