



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 01784-26

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

M.J. _____

Petitioner,

v.

ATLANTIC COUNTY DEPARTMENT OF
FAMILY AND COMMUNITY DEVELOPMENT

Respondent.

For petitioner: M.J., pro se

For respondent: Charmaine Allmond-Croff, Asst Admin Supervisor, FHL

BEFORE: Elaine B. Frick, 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 \$ _____ (N.J.A.C. 10:72-4.4; N.J.A.C. 10:71-5)
- (2) Unearned income is \$ 2120.48 _____ (N.J.A.C. 10:72-4.4; N.J.A.C. 10:71-5)
- (3) Income exclusions total \$ 20 disregard _____ (N.J.A.C. 10:72-4.4; N.J.A.C. 10:71-5)
- (4) Countable income total \$ 2100.48 _____ (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

Petitioner, M.J., submitted to the Agency his completed NJFamily Care-Aged, Blind, Disabled Programs renewal application, signed on October 27, 2025, which was received at the Agency's Fiscal Unit on November 5, 2025.

M.J. submitted the same application again to the Agency, which was received in the NJFC Medicaid Unit on December 16, 2025. This is the copy reviewed by Agency employee, Stacey Alston, HSS3, from the Aged/Blind/Disabled Medicaid section. Ms. Alston completed a Jersey Care Medicaid Eligibility Worksheet-2025. (R-1 at 4.)

M.J. and his spouse, S.B. are a couple residing together in the same household.

M.J.'s monthly income was calculated as follows:

Social Security for M.J.	\$ 989.00 (R-1 at 6)
Social Security for S.B.	419.00 (R-1 at 9)
Pension 1 for M.J.	349.41 (R-1 at 7)
Pension 2 for M.J.	<u>363.07 (R-1 at 8)</u>
	\$2,120.48
- \$20 disregard:	<u>-20.00</u>
TOTAL:	\$2,100.48 (R-1 at 4)

The applicable income eligibility standard under N.J.A.C. 10:72-4.1 for a household of two is monthly income not to exceed \$1,763.

I **FIND** that M.J.'s household of two monthly income is \$2,100.48.

I **FIND** that M.J.'s monthly income exceeds the income threshold for eligibility..

I **CONCLUDE** that M.J. is not eligible for Medicaid in the New Jersey Aged, Blind, and Disabled Program.

I **CONCLUDE** that petitioner's Medicaid was properly terminated by the Agency effective January 31, 2026.

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, please contact the Appellate Clerk's Office at (609) 426-7000.

April 7, 2026

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:



Elaine B. Frick

April 2, 2026

APPENDIX

Witnesses

For Petitioner:

M.J.

For Respondent:

Stacey Alston

Exhibits

For Petitioner:

- P-1 packet for petitioner (16 pages)
 - Letter 03-05-2026 (1)
 - Credentials (2)
 - Hearing notice (3)
 - COLA for Social Security (4)
 - Pension 1 information (5)
 - Pension 2 information (6)
 - Miscellaneous utility bills (7-16)

For Respondent:

- R-1 packet for the Agency (21 pages)
 - Cover page (1)
 - Denial letter (2-3)
 - Jersey Care Medicaid Eligibility Worksheet 2025 (4)
 - DMAHS Income Standards effective January 1, 2025 (5)
 - Notice of COLA (6)
 - Pension 1 information (7)
 - Pension 2 information (8)
 - S.B. social security (9)
 - Jersey Care Medicaid Eligibility Worksheet 2026 (10)
 - DMAHS Income Standards effective January 1, 2026 (11)
 - Computer look up information/verifications (12-13)
 - Excerpts of regulations relied upon by Agency (14-21)
- R-2 Renewal Application received at the Fiscal Unit November 5, 2025