



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 18694-25

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

T.O.

Petitioner,

v.

BURLINGTON COUNTY BOARD
of SOCIAL SERVICES

Respondent.

For petitioner: T.O., pro se

For respondent: Mikayla Diveley, Paralegal Specialist, for the respondent

BEFORE: JOAN M. BURKE, 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 \$ _____ (N.J.A.C. 10:72-4.4; N.J.A.C. 10:71-5)
- (3) Income exclusions total \$ _____ (N.J.A.C. 10:72-4.4; N.J.A.C. 10:71-5)
- (4) Countable income total \$ 3,902 _____ (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 T.O. lives with her husband, L.O. T.O. testified that she is separated from her husband; however they live together in the same home because she cannot afford housing on her own. There is no legal separation document and neither is there a divorce. As such the petitioner is a household of two. Her husband L.O. receives \$2,086 in Retirement, Survivors Disability Insurance (RSDI) benefits. (R-A.) T.O. is employed with Abound health LLF and receives in salary, \$1,817 monthly. Ibid. The household total countable income is \$3,902 (\$1817 + \$2,086).

In a household of two, the maximum allowable income to receive New Jersey Family Care benefits is \$1,763. (R-B.) I therefore **CONCLUDE**, T.O. is over the maximum income to receive Special Medicaid benefits.

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.


2/25/2026

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:



JOAN M. BURKE, ALJ

2/18/2026

10/31/2025

APPENDIX

Witnesses

For Petitioner:

T.O.

For Respondent:

Mikayla Diveley, Paralegal Specialist

Exhibits

For Petitioner:

None

For Respondent:

R-1 New Jersey Family Care Renewal Application, April 4, 2025; MAGI Report; Pay stubs July, 3, 2025; Equifax Report; SOLQ Screen; Eligibility Determination, September 3, 2025; Medicaid Communication No. 25-03

R-B Regulations