



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 03683-25

D.B.

Petitioner,

v.

MONMOUTH 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 \$1,295 (N.J.A.C. 10:71-5.2, -5.4)

Income exclusions total \$20 (N.J.A.C. 10:71-5.3)

Countable income total is \$1,275 (N.J.A.C. 10:71-5.4(b))

The applicable income eligibility standard is \$ 1,255 (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

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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.


05/14/2025

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:


Allison Friedman, ALJ

05/09/2025

05/14/25

APPENDIX

Witnesses

For Petitioner:

D.B.

For Respondent:

Jeffery Pitcher Human Services Specialist 3

Exhibits

For Petitioner:

P-1 screen shots of rent and other expenses

P-2 letter from chiropractor

P-3 Letter from psychologist

For Respondent:

R-1 Case Summary

R-2 Application November 22, 2023 (p 2-17)

R-3 Medicaid Income Worksheet (p 18-9)

R-4 SOLQ response showing SSD payment (p 20-1)

R-5 Adverse Action Notice (p 22-4)

R-6 Statute