



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

## **INITIAL DECISION**

QAL DKT. NO. HMA 10857-25

***Medicaid Only***  
***Excess Income Appeal***  
**N.J.A.C. 10:71-5**

K.M.

**Petitioner,**

v.

Middlesex County Board of Social Services

**Respondent.**

For petitioner: K.M., Pro Se

For respondent: Kurt Eichenlaub, HSS3

BEFORE: Judith Lieberman ALJ

**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 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. 10:71-5.2, -5.4)

(2) Unearned income is \$ 3,082 (N.J.A.C. 10:71-5.2, -5.4)

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

(4) Countable income totals \$ 3,062 (N.J.A.C. 10:71-5.4(b))

(5) The applicable income eligibility standard is \$ 1,763 (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**

**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.

10/21/2025

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:

*Judith Lieberman*  
Judith Lieberman

09/30/2025

10/21/2025

**APPENDIX**

**Witnesses**

**For Petitioner:**

K.M.

**For Respondent:**

Kurt Eichenlaub, HSS3

Exhibits

For Petitioner:

None

For Respondent:

- R-A Recertification application
- R-B Termination notice and calculation
- R-C Verification of Income