



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NOS. HMA 02473-25 and HMA 02475-25

R.C. _____

Petitioner,

v.

MIDDLESEX 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 \$ 2,097 (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 \$ 2,077 (N.J.A.C. 10:71-5.4(b)); and
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

Petitioner argues that his medical conditions warrant reinstatement under

L.E. v. Camden County Board of Social Services, 1993 N.J. AGEN LEXIS 1665,

94 N.J.A.R.2d(DMA) 11. That case, however, does not apply. It was reversed and remanded.

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** my initial decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** for consideration. This recommended decision may be adopted, modified, or rejected by the **ASSISTANT COMMISSIONER**, who is authorized to make a final decision in this case. If the **ASSISTANT COMMISSIONER** does not adopt, modify, or reject this decision within forty-five days, and unless such time limit is otherwise extended, this recommended decision becomes a final decision under N.J.S.A. 52:14B-10(c).

Within seven days from the date on which this recommended decision is mailed to the parties, any party may file written exceptions at **ASSISTANT COMMISSIONER, DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES, Mail Code #3, PO Box 712, Trenton, New Jersey 08625-0712**, marked "Attention: Exceptions." A copy of any exceptions must be sent to the judge and to the other parties.

05/30/2025

DATE


Advia Knight Foster, ALJ

Date Record Closed:

05/28/2025

Date Filed with Agency:

Date Sent to Parties:

APPENDIX

Witnesses

For Petitioner:

Yolanda Cooper, Designated Authorized Representative

For Respondent:

Kurt Eichenlaub, Human Services Specialist, 3

Exhibits

For Petitioner:

Ex. 1 Email dated April 21, 2025

Ex. 2 Dr. Guittari's note dated May 27, 2025

Ex. 3. Social Security Administration Letters

Ex. 4 Medicaid letter

For Respondent:

Ex. A Medicaid Application dated February 23, 2024

Ex. B Adverse Action Notice dated December 18, 2024

Ex. C Proof of Income

Ex. D Assets verification income

Ex. E Medicaid Communication No. 17-16 dated August 19, 2022

Ex. F 2024 Medicaid Income Limits

Ex. G Requests for Information dated October 30, 2024 and November 26, 2024