



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 13972-24

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

W.J.

Petitioner,

v.

Middlesex County Board
of Social Services

Respondent.

For petitioner: W.J.

For respondent: Kurt Eichenlaub, Human Services Specialist 3

BEFORE: Nicole T. Minutoli, 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 \$ 0 (N.J.A.C. 10:71-5.2, -5.4)
- (2) Unearned income is \$ 1,818 (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 \$ 1,798 (N.J.A.C. 10:71-5.4(b))
- (5) The applicable income eligibility standard is \$ 1,704 (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

In his November 24, 2023, application for New Jersey Family Care, Aged, Blind, Disabled Program (ABD) Medicaid, petitioner stated he received income in the amount of \$1,818.00 per month of Social Security Income. (R-A.) Petitioner did not identify any bank accounts in his application. In reviewing petitioner's application, respondent entered petitioner's information into its asset verification system, and found he had two bank accounts. (R-E.) The bank account information provided respondent with bank account numbers and monthly balances, it did not show deposits or withdrawals. On July 31, 2024, respondent issued a Request for Information (RFI) specifically identifying the two bank accounts it found. (Ibid.) Petitioner failed to respond to the RFI. On August 27, 2024, respondent terminated petitioner's Medicaid because his income exceeded the income limit of \$1,704 for a household of two. (R-B.)

Petitioner contends that respondent miscalculated his income because it failed to deduct a monthly sum he is required to pay in accordance with a United States District Court judgment. (P-1.) However, petitioner failed to identify this judgment in his application and first notified the respondent during the May 2, 2025, status conference call for his appeal, over eight months after his ABD medicaid benefits were terminated.

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.

September 11, 2025

DATE



Nicole T. Minutoli

ALJ

09/10/2025

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:

APPENDIX

Witnesses

For Petitioner:

W.J.

For Respondent:

Kurt Eichenlaud

Exhibits

For Petitioner:

- P-1 United States District Court Judgment
- P-2 Social Security Administration Benefit Verification Letter
- P-3 Marriage Certificate
- P-4 Huntington National Bank statement for 4/22/25 to 5/19/25

For Respondent:

- R-A ABD Medicaid application dated November 24, 2023
- R-B Termination Notice
- R-C Verification of petitioner's Social Security income
- R-D Medicaid income limits
- R-E Request for Information and asset verification search results