



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 19823-25

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

D.C. _____

Petitioner,

v.

Atlantic County Department
of Family & Community Development,

Respondent.

For petitioner: ^{G.C. Redacted JS} ~~Dany D. [unclear]~~, Family Representative _____

For respondent: Audrey M. Alpheaus, Fair Hearing Liaison

BEFORE: Susan McCabe, 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 \$ 0.00 (N.J.A.C. 10:72-4.4; N.J.A.C. 10:71-5)
- (2) Unearned income is \$ 1,441.00 (N.J.A.C. 10:72-4.4; N.J.A.C. 10:71-5)
- (3) Income exclusions total \$ 20.00 (N.J.A.C. 10:72-4.4; N.J.A.C. 10:71-5)
- (4) Countable income total \$ 1,421.00 (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) \$1,704 (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

On July 21, 2025, petitioner, D.C., applied for medicaid through the NJ FamilyCare Aged, Blind, Disabled Programs. On August 11, 2025, the agency denied petitioner's application for medicaid because his monthly income from social security in the amount of \$1,421 exceeded the standard monthly income maximum of \$1,305 for a household of one, as set forth in N.J.A.C. 10:72-4.1 and med-comm 25-03.

On September 18, 2025, petitioner appealed the determination of ineligibility. On January 14, 2026, I held the hearing and the record was closed.

During the fair hearing, petitioner, through his representative and brother, Gary Clemmons, asserted that petitioner's monthly income of \$1,421 should be reduced by \$202.90, which is the amount petitioner must pay each month to secure his medicare benefits.

In New Jersey, the special medicaid programs for individuals who are aged, blind, or disabled, are for individuals with gross monthly income that is equal to or less than 100 percent of the Federal Poverty Level, which is \$1,305 per month for a single family household. N.J.A.C. 10:72-41; med-comm 25-03.

Therefore, petitioner's monthly unearned income of \$1,421, which includes the \$20 exclusion under 20 CFR 416.1124, exceeds the monthly income maximum of \$1,305 for a household of one. Petitioner's request to reduce the monthly income calculation by \$202.90 for medicare costs he incurs is not recognized as an expressed reduction to unearned income for purposes of medicaid eligibility.

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.

January 21, 2026

DATE



Susan McCabe, ALJ

Date Record Closed:

January 14, 2026

Date Filed with Agency:

Date Sent to Parties:

APPENDIX

Witnesses

For Petitioner:

C.C. Redacted JJ
~~Ray Williams~~, Representative

For Respondent:

Saniyyah Redd, DMAHS Social Services Representative

Exhibits

For Petitioner:

None

For Respondent:

- R-1 August 11, 2025, DMAHS eligibility letter
- R-2 July 1, 2025, Jersey Care Medicaid Eligibility Worksheet 2025
- R-3 August 6, 2025, State of New Jersey SOLQ Response Screen
- R-4 July 21, 2025, NJ FamilyCare application
- R-5 DMAHS Income Standards Effective January 1, 2025