



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

**INITIAL DECISION**

OAL DKT. NO. HMA 07686-24

H.F.

\_\_\_\_\_  
\_\_\_\_\_,

Petitioner,

v.

HUDSON COUNTY DEPARTMENT  
\_\_\_\_\_  
OF SOCIAL SERVICES  
\_\_\_\_\_,

Respondent.

***Medicaid Only***

***Excess Resources Appeal***

***N.J.A.C. 10:71-4***

**STATEMENT OF THE CASE**

Respondent denied petitioner's Medicaid Only application due to excess resources under N.J.A.C. 10:71-4.5.

**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 **available and countable resources** total \$ 5,776.60  
(N.J.A.C. 10:71-4.1, -4.2; see *also* N.J.A.C. 10:71-4.6 and -4.8 for married individuals).  
The applicable **resource eligibility standard** is \$ 2,000 (N.J.A.C. 10:71-4.5).  
Petitioner's **date of resource eligibility** is 12/01/2023 (N.J.A.C. 10:71-4.5) (fill in if  
resources under applicable standard).

**III.**

☒ I **CONCLUDE** that petitioner is over the applicable resource limit and is  
therefore resource **INELIGIBLE** for Medicaid Only benefits under N.J.A.C.  
10:71-4.5.

☐ I **CONCLUDE** that petitioner is not over the applicable resource limit and is  
therefore resource **ELIGIBLE** for Medicaid Only benefits as of 12/01/2023  
(fill in date of eligibility) under N.J.A.C. 10:71-4.5.

**ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW**

Petitioner's daughter who holds a power of attorney on behalf of her mother and  
is assisting her with her finances, testified that she was unaware that certain stimulus  
and anchor payments were being automatically deposited into her mother's TD Bank  
account. I FIND that these automatic deposits were the reason  
petitioner's assets exceeded the permissible limit during the time period in question.  
I also FIND that petitioner daughters did not knowingly Misrepresent their mother's  
eligibility for benefits during the time periods her assets exceeded the applicable limits.  
However , I do FIND that the Agency's asset limit was exceeded, the Agency  
properly terminated the benefits at issue. The fact that the monies at issue were  
automatically deposited into the Petitioner's account is not a basis to exclude  
the monies from countable assets when determining eligibility for Managed Long Term  
Services and Support benefits.

**ORDER**

I **ORDER** that:

- ☐ Petitioner's appeal is **DISMISSED** because petitioner has no standing.
- ☒ Petitioner is resource **INELIGIBLE** for Medicaid Only benefits under N.J.A.C. 10:71-4.5.
- ☐ Petitioner is resource **ELIGIBLE** for Medicaid Only benefits as of 12/01/2023 under N.J.A.C. 10:71-4.5.

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.



09/26/2024

DATE

\_\_\_\_\_, ALJ

Date Record Closed:

09/25/2024

Date Filed with Agency:

09/26/2024

Date Sent to Parties:

09/26/2024

## APPENDIX

## Witnesses

**For Petitioner:**

H.F., petitioner

L.H., daughter of petitioner

**For Respondent:**

Loany's Tascarnet, HHS-3

## Exhibits

**For Petitioner:**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**For Respondent:**

## R-1 Benefit Verification Letter

## R-2 Power of Attorney

### R-3 Stimulus and Anchor Payments

## R-5 ABD Application

R-6 03 TD Bank Checking

## R-7 Income Resource Work

Sheet R-8 Termination Letter