



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

**INITIAL DECISION**

OAL DKT. NO. HMA 16188-24

H.K.

Petitioner,

v.

MONMOUTH COUNTY DIVISION  
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 \$ 3,210.84  
(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 \_\_\_\_\_ (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 \_\_\_\_\_  
(fill in date of eligibility) under N.J.A.C. 10:71-4.5.

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

On August 7, 2024 the agency terminated petitioner's benefits for failing to submit the  
recertification form and verifications requested by the agency on April 15, 2024. (R-1.)  
The termination letter notified petitioner that the agency would accept the renewal form  
within 90 days from the date of Medicaid termination to determine eligibility. Instead of  
submitting the recertification form within the 90-day recertification period, petitioner  
filed a new Medicaid application on October 11, 2024. At the hearing, petitioner through  
his representative conceded that petitioner was not eligible for Medicaid during the  
redetermination period and stated that the new Medicaid application (R-5) was intended  
for November 1, 2024 eligibility when petitioner would again be eligible as indicated by  
the Valley Bank statement for account x6386 for November 1, 2024. (P-2.)  
The agency submits that it processed the October 11, 2024 as an "admin reopen" since  
petitioner was still in the 90-day post-termination time period from a no response  
closure on August 31, 2024. When the Medicaid application was processed it was  
determined that the benefits remained denied because his resources exceeded the  
standard set forth in N.J.A.C. 10:71-4.1 as of October 1, 2024, the month the  
application was received. (R-2--R-4.)

**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 \_\_\_\_\_ 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.

03/04/2025

DATE

Mary Ann Bogan  
Mary Ann Bogan, ALJ

Date Record Closed:

02/21/2025

Date Filed with Agency:

Date Sent to Parties:

**APPENDIX**

**Witnesses**

**For Petitioner:**

Jake Brand, DAR

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**For Respondent:**

Arti Sinha, Human Services Specialist 4

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**Exhibits**

**For Petitioner:**

P-1 Bank statements 10/11/24-11/10/24

P-2 Bank statements 11/11/24-12/10/24

P-3 Bank statements 12/11/24-1/10/25

**For Respondent:**

R-1 Termination letter

R-2 PNA verification, dated 5/2023-9/23/24

R-3 Bank statement 4/10/24-9/10/24

R-4 Reconsideration letter sent to petitioner

R-5 Medicaid application, dated 10/11/24