



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 16711-24

N.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 \$ 119,353.72
(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 \$ 6,000 (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

N.K. completed a Medicaid Aged, Blind and Disable application on June 27, 2024.
A letter dated Sept. 30, 2024, requesting additional information was sent to N.K. The
information was due on October 14, 2024, but was not received until October 15, 2024.
The application was initially denied but was reevaluated and determined that N.K.'s
wife had a Charles Schwab account with \$117,250.40. N.K. and his wife reside in the
same residence and thus, these funds are considered countable resources even though
N.K. contended that he had no access to the funds and his name was not on the account.
ABD benefits were denied in a letter dated Oct. 29, 2024, for being over the \$6,000
income limit. N.J.A.C. 10:72-4.5(b) sets the eligibility income limit at \$6,000 for a couple.
N.J.A.C. 10:71-4.6(a) provides that the resources of an ineligible spouse are included in
determining eligibility of the applicant if the couple resides in the same household. "The
amount [is] included as resources to the applicant . . . whether . . . it is actually available."
Thus, N.K.'s resources are over the eligibility limit. However, he is not precluded from
applying for Medicare and Medicaid's Managed Long-Term Services and Supports
program.

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.

2/3/2025

DATE

Date Received OAL

Date From Agency

Date From Petitioner

Kim C. Berlin
Kim C. Berlin, ALJ

01/21/2025

APPENDIX

Witnesses

For Petitioner:

N.K.

For Respondent:

Debbie Piscitelli, Supervisor

Exhibits

For Petitioner:

None

For Respondent:

R-1 Medicaid application dated June 27, 2024

R-2 Request for information letter dated September 30, 2024

R-3 Medicaid Inform worksheet - ABID related dated October 23, 2024

R-4 Schirab One recent summary dated December 1, 2024

R-5 FWAIF Income standards affidavit form 12/2/24

R-6 Dental letter dated December 2, 2024

R-7 W-2 2023
