



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 06346-25

J.Y.

Petitioner,

v.

OCEAN COUNTY BOARD
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 \$ 38,190.00
(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

Age, Blind Disabled application filed February 25, 2025

Bank Statement from Chase, dated January 21, 2025, showing balance of \$38,190
over resource limit of \$2,000

Deposit was for lump sum payment of J.Y.'s pension. M.Y., J.Y.'s mother is working
on establishing a Special Needs Trust and will reapply.

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.

06/12/2025

DATE



MAMTA PATEL

, ALJ

Date Record Closed:

06/06/2025

Date Filed with Agency:

Date Sent to Parties:

