State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 06294-26

Medicaid Only
Excess Resources Appeal
N.J.A.C. 10:71-4

E.M.

Petitioner,

v.

MIDDLESEX COUNTY BOARD OF SOCIAL SERVICES

Respondent.

For petitioner: Chaya Rottenberg, Designated Authorized Representative

For respondent: Robert Menichelli, Fair Hearing Liasion

BEFORE: WILLIAM T. COOPER III, ALJ

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 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:

(1) Petitioner's **available and countable resources** total $8,602.23 (N.J.A.C. 10:71-4.1, -4.2 for single individuals; N.J.A.C. 10:71-4.6 and -4.8 for married individuals)

(2) The applicable **resource eligibility standard** is $2,000. (N.J.A.C. 10:71-4.5)

(3) Petitioner's **date of resource eligibility** is Nov. 26, 2025, (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

Petitioner argues that Middlesex County Board of Social Services (MCBOSS) identified a cash withdrawal made by petitioner's son in the amount of $6,700 for future funeral expenses and that MCBOSS should have treated that withdrawal as a gift and assessed a transfer penalty instead of denying the application. This argument is unpersuasive. The petitioner did not identify the $6,700 withdrawal in the Nov. 26, 2025, application. Then, MCBOSS, on Jan. 15, 2026, sent a request for verification to petitioner to identify where the cash withdrawal was deposited to ensure that petitioner did not have additional resources. The petitioner readily admitted that she failed to respond to that aspect of the verification. MCBOSS was not in a position to assess a penalty as that agency due to the petitioners' failure to provide verification.

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.

7/29/2026
DATE

WILLIAM T. COOPER III, ALJ

Date Record Closed: 06/18/2026

Date Filed with Agency: _____

Date Sent to Parties: _____

APPENDIX

Witnesses

For Petitioner:

For Respondent:

Exhibits

For Petitioner:

For Respondent: