State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 12871-25

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

K.T.

Petitioner,

v.

Middlesex County Board of Social Services

Respondent.

For petitioner: Carl Archer, Esq. (Archer Law office, attorneys)

For respondent: Kurt Eichenlaub, Human Services Specialist III

BEFORE: Jeffrey N. Rabin, 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 $243,790.99 (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 $159,920.00 (N.J.A.C. 10:71-4.5)

(3) Petitioner's **date of resource eligibility** is June 1, 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

There was no clinical eligibility as of August 2024, as no AL-6 was sent to OCO. Petitioner became clinically eligible as of June 1, 2025, therefore the income analysis was performed as of that date. A petitioner needs both clinical and financial eligibility to be approved for Medicaid.

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.

June 17, 2026
DATE

Jeffrey N. Rabin
ALJ

Date Record Closed: 05/27/2026

Date Filed with Agency: _____

Date Sent to Parties: _____

APPENDIX

Witnesses

For Petitioner:

M.K. Feaster
Karina Lendel
Arielle-Marie Sarroca
Sarah Bosakowski
Alfredo Pinero

For Respondent:

None

Exhibits

For Petitioner:

P-A Pre-admission screening form
P-B AL-6 form
P-E Denial letter
P-F Social Security cards
Post Hearing Brief dated, March 31, 2026

Joint Exhibit A Medicaid application, from August 2024

For Respondent:

R-1 Board Hearing Packet