State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 01524-26
AGENCY DKT. NO. N/A

V.W.,

Petitioner,

v.

MIDDLESEX COUNTY BOARD OF SOCIAL SERVICES,

Respondent.

D.T., Designated Authorized Representative, for petitioner, pursuant to N.J.A.C. 1:10B-5.1

Kurt Eichenlaub, Human Services Specialist 3, for respondent, pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: April 23, 2026 Decided: May 5, 2026

BEFORE **JOHN K. MALONEY**, ALJ:

STATEMENT OF THE CASE

On January 30, 2025, V.W., a ninety-four-year-old woman with dementia, applied to respondent, Middlesex County Board of Social Services (Middlesex County) for Medicaid, but she had $2,456.40 in her bank accounts when she applied. Is V.W. eligible

for Medicaid? No. To be eligible for Medicaid, the maximum Medicaid resource amount for an individual is $2,000 under N.J.A.C. 10:71-4.5.

PROCEDURAL HISTORY

On January 30, 2025, D.T., V.W.'s daughter and Designated Authorized Representative, applied to the New Jersey FamilyCare Aged, Blind, Disabled Program for Medicaid assistance for petitioner. (R-A.) On August 28, 2025, Middlesex County notified V.W. that her Medicaid application was denied because between petitioner's two bank accounts she had $2,456.40 in resources. (R-B.) On September 9, 2025, D.T. timely requested a fair hearing. (P-1 at 2.)

On January 28, 2026, the Division of Medical Assistance and Health Services (DMAHS) transmitted the case to the Office of Administrative Law, where it was filed as a contested case. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -23.

On April 23, 2026, I held a hearing and closed the record on that same date.

FINDINGS OF FACT

Based upon the testimony and exhibits, I **FIND** the following facts:

D.T. is V.W.'s daughter and Designated Authorized Representative (DAR), who is authorized to pursue this appeal.

On January 30, 2025, D.T. applied to the New Jersey FamilyCare Aged, Blind, Disabled Program for Medicaid assistance for her mother, who is ninety-four years old, suffers from dementia, and resides in a long-term care facility. (R-A.) On August 28, 2025, Middlesex County denied V.W.'s application because it concluded that V.W. had resources over the $2,000 limit at the time of her application: Valley National Bank account #XXXXX594 ($284.14) and Citizen's Bank account #XXXXXXX206 ($2,172.26). (Id.)

In January 2025, upon her mother's commitment to Preferred Care, the current nursing care facility, D.T., as V.W.'s DAR and with power of attorney, signed over V.W.'s monthly Social Security checks to Preferred Care. In February 2025, Social Security incorrectly sent her a paper check for $1,500. Unsure how to proceed, D.T. contacted Social Security and was informed that she should open a representative payee bank account, deposit the check, and then pay Preferred Care the $1,500. D.T. subsequently opened a representative payee bank account with Citizen's Bank and deposited the check. (P-1 at 13–15.)

D.T., however, forgot that the money was in the account. Her business partner was diagnosed with cancer in 2024, which forced her to close their business in December 2024, and she had to deal with her mother's physical and mental decline. Because of these stressors, she never sent the $1,500 to Preferred Care.

When D.T. was notified by the nursing care facility of the deficit and realized that she had not made the payment to Preferred Care, she had to obtain a cashier's check, which she did from Citizen's Bank on August 13, 2025, because there is no checkbook associated with the account. (P-1 at 18.) This oversight is consistent with D.T.'s written statement in her request for a fair hearing wherein she wrote "I forgot to mail a check payment that resulted in my mother's bank account representing $1,500 that was payable on my end and a receivable for Preferred Care."

At no time during her testimony did D.T. challenge the fact that when the Agency made the decision to deny coverage in August 2025, her mother's bank accounts revealed resources in the amount of $2,456.40.

CONCLUSIONS OF LAW

As a threshold issue, since D.T. is V.W.'s daughter and DAR, who is authorized to pursue this appeal, I **CONCLUDE** that she has standing to pursue this appeal.

D.T.'s presentation to the tribunal, while heartfelt and credible, did nothing to alter the facts presented by respondent or contradict the underlying facts, documents, or

decision of the Agency. D.T. seeks to have this tribunal cure her error. Such cannot be done as I must apply the law and regulations as written. Traditionally, the law is represented by the scales of justice, not a caduceus. Such a cure is not within my authority.

Under N.J.A.C. 10:71-4.5, the maximum Medicaid resource amount for an individual is $2,000. In this case, petitioner, V.W., through her daughter and DAR, applied to the New Jersey FamilyCare Aged, Blind, Disabled Program for Medicaid assistance in January 2025, but when Middlesex County reviewed her application in August 2025, V.W. had $2,456.40 in her bank account. Since V.W. exceeded the maximum Medicaid resource amount at the time of application and review, I **CONCLUDE** that petitioner is **ineligible** for Medicaid benefits prior to September 1, 2025.

ORDER

Given my findings of fact and conclusions of law, I **ORDER** that V.W. is **ineligible** for Medicaid benefits before September 1, 2025, and that this case is **DISMISSED**.

I **FILE** this 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.

May 5, 2026
DATE

JOHN K. MALONEY, ALJ

Date Received at Agency: _____

Date E-Mailed to Parties: _____

JKM/kl

APPENDIX

Witnesses

For Petitioner:

D.T., Designated Authorized Representative

For Respondent:

Kurt Eichenlaub, Human Services Specialist 3

Exhibits

For Petitioner:

P-1 Fair Hearing Notice (1);
Fair Hearing Request (2);
Middlesex County Board of Social Services resource calculation summary (3);
Social Security representative payee document (4–12);
Citizens Bank Account Statement for February/March 2025 (13–15);
June 19, 2025, Mira Vie at Tinton Falls billing statement (16);
Citizens Bank cashier's check to Mira Vie at Tinton Falls for $1.85 (17);
Citizens Bank cashier's check to Preferred Care for $1,500 (18)

For Respondent:

R-A Application, dated January 30, 2025 (1–12)

R-B Adverse Action Notice and Citations (13–24)

R-C Valley National Bank Statemetns from January 2025 to July 2025 (25–57)

R-D Citizens Bank Statements from February 2025 to August 2025 (58–79)