



**State of New Jersey**  
OFFICE OF ADMINISTRATIVE LAW

**INITIAL DECISION<sup>1</sup>**

OAL DKT. NO. HMA 22037-25

AGENCY DKT. NO. N/A

**W.J.,**

Petitioner,

v.

**GLOUCESTER COUNTY DIVISION OF  
SOCIAL SERVICES,**

Respondent.

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**W.J.**, petitioner, pro se

**Carla Maggio**, Fair Hearing Liaison, for respondent, appearing pursuant to  
N.J.A.C. 1:1-5.4(a)3

Record Closed: March 10, 2026

Decided: March 30, 2026

BEFORE **CARL V. BUCK III**, ALJ:

**STATEMENT OF THE CASE AND PROCEDURAL HISTORY**

Petitioner appeals the denial of Medicaid NJFamilyCare (NJFC or FamilyCare) Aged, Blind, Disabled Program benefits by respondent, the Gloucester County Division of Social Services (CWA or Board) initially on the basis that petitioner failed to provide

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<sup>1</sup> The October 2, 2023, Division Order regarding final agency decisions applies to this matter.

requested information. The Board amended their denial stating that petitioner's countable resources exceeded the program resource limit. The Board advised petitioner of the denial of application for benefits on December 2, 2025<sup>2</sup>. Petitioner timely filed for a fair hearing on the denial on or about December 8, 2025.

The Division of Medical Assistance and Health Services (DMAHS) transmitted the matter to the Office of Administrative Law (OAL) where it was received on December 31, 2025. The fair hearing was scheduled and held on March 6, 2026, and the record closed on March 9, 2026.

### **TESTIMONY**

#### **Carla Maggio, Fair Hearing Liaison (Maggio):**

Maggio is employed by the CWA and served as the fair hearing liaison for the Board regarding petitioner's application as submitted on submission on November 13, 2025. (R-1, pp.2–11.) She testified that petitioner had applied for the Aged, Blind and Disabled Care program as he did not need "nursing home like" care. He was assessed for New Jersey Care. (R-1, pp. 2–11.) A request for information (ROI) was sent to petitioner on November 13, 2025, with response due November 27, 2025. (R-1, pp. 12–16.) Petitioner sent information pertaining to the ROI which included a deed to a piece of real estate in Franklinville, NJ that petitioner received as an inheritance from his mother (dated July 15, 2025), verification and explanation of deposits, and registration for two vehicles both in petitioner's name. (R-1, pp. 22–26.)

A letter notifying petitioner of his denial for failure to provide information was sent on December 2, 2025. (R-1, pp. 17-21.) A corrected denial letter was sent on February 19, 2026, noting that petitioner's resources of \$19,183.92 for the month of application exceeded the New Jersey Care resource limit of \$4,000. (R-1, pp. 27–32.) This amount is made up of:

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<sup>2</sup> A revised adverse notice letter was sent to petitioner by the Board on February 19, 2026. (R-1, p. 28.)

\$1,305.00	monthly SSA benefits
\$ 20.00	deduction
\$ 74.43	Fulton 2471
\$ 84.34	Fulton 2456
\$ 9,115.15	Fulton 6109
<u>\$ 9,910.00</u>	<u>Vehicle</u>
\$19,183.92	Total countable resources

(R-1, p. 33.)

The DMAHS Income Standards Chart effective January 1, 2025, shows a maximum income level of \$1,305 per month and petitioner qualified under this category. However, the DMAHS asset standard is \$4,000 and petitioner's asset base as of the date of application was \$19,183.92 and petitioner did not qualify under this category.

**W.J.**

Petitioner did not state that the income shown for him was incorrect but stated that the amount considered as part of his inheritance should not be counted as that amount could still be attached for payment of debts for the estate.

**FACTUAL DISCUSSION AND FINDING OF FACTS**

W.J. did not dispute the income level shown by respondent and that it did not exceed the Federal Income level of \$1,305 per month for his AU under 42 CFR 435.118(c)(2)(i), 42 CFR 435.119(b)(5), and 42 CFR 435.116(c)(2)(i).

W.J. did dispute that his assets were over the resource limit, stating that funds allocated from his mother's estate should not be included in his asset base. Eliminating those funds still shows petitioner with an asset base exceeding the \$4,000 resource limit – that being the value of one (of two) vehicles owned by petitioner.

I **FIND** that based on the credible testimony and documentation provided by the CWA and the statements of the petitioner, that the resource limit is exceeded. I **FIND** that petitioner did not provide any information documenting an incorrect analysis by respondent.

### **LEGAL ANALYSIS**

Income levels for an AU determined by documented earned income and asset base and application of the Federal Income Standards. Accordingly, respondent and petitioner both provided testimony that petitioner's asset base exceeded the resource limit amount. I therefore **CONCLUDE** that the denial of petitioner's application was appropriate. Petitioner is free to reapply in the event that his situation changes.

### **ORDER**

Based on the foregoing, it is **ORDERED** that the termination of petitioner's renewal/redetermination for New Jersey FamilyCare Benefits be and hereby is **SUSTAINED**.

I **FILE** my initial decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** for consideration.

This recommended decision may be adopted, modified, or rejected by the **ASSISTANT COMMISSIONER**, who is authorized to make a final decision in this case. If the **ASSISTANT COMMISSIONER** does not adopt, modify, or reject this decision within forty-five days, and unless such time limit is otherwise extended, this recommended decision becomes a final decision under N.J.S.A. 52:14B-10(c).

Within seven days from the date on which this recommended decision is mailed to the parties, any party may file written exceptions at **ASSISTANT COMMISSIONER, DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES, Mail Code #3, PO Box 712, Trenton, New Jersey 08625-0712**, marked "Attention: Exceptions." A copy of any exceptions must be sent to the judge and to the other parties.



March 30, 2026

DATE

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**CARL V. BUCK III., ALJ**

Date Received at Agency:

\_\_\_\_\_

Date Mailed to Parties:

\_\_\_\_\_

CVB/tat

**APPENDIX**

**WITNESSES**

**For Petitioner:**

W.J., pro se

**For Respondent:**

Carla Maggio, Fair Hearing Liaison

**EXHIBITS**

**For Petitioner:**

P-1 submission information

**For Respondent:**

R-1 Information Packet