

determination, asserting that an earlier eligibility date should be granted.¹ Based upon my review of the record, I hereby ADOPT the findings and conclusions of the Administrative Law Judge (ALJ).

N.J.A.C. 10:71-4.5(c) states that participation in the Medicaid Only program will be denied if the resources of an individual exceed \$2,000. Resource eligibility is determined as of the first moment of the first day of the month. 20 C.F.R. § 416.1207(a) and N.J.A.C. 10:71-4.1(e). Additionally, any resource that is not specifically excluded by regulation “shall be considered a countable resource for the purpose of determining Medicaid Only eligibility.” N.J.A.C. 10:71-4.2(a). The undisputed evidence in the record indicates that at the time of Petitioner’s first application in March 2019, Petitioner owned two life insurance policies with a cash value of over \$5,000, which was counted by the County in determining Petitioner’s assets and placed Petitioner over the resource limit for benefits. Id. at 3. Because J.L. did not liquidate life insurance policies owned by Petitioner until August 9, 2019 and place the funds received into a New Jersey Pre-Paid Funeral Fund for Petitioner until August 22, 2019, the County denied Petitioner’s first application and informed J.L. to reapply for benefits on Petitioner’s behalf. Id. at 2. J.L. submitted Petitioner’s second application on August 22, 2019. R-3. The County then granted Petitioner eligibility as of September 1, 2019, which was the first day of the first month in which Petitioner was resource eligible after depleting the life insurance policies, pursuant to 20 C.F.R. § 416.1207(a) and N.J.A.C. 10:71-4.1(e). The eligibility procedure is clearly set forth in the regulations and there is simply no provision that permits a relaxation of the eligibility date so long as the countable resources exceed the maximum limit. Petitioner was not resource eligible prior to September 2019, and therefore,

¹ I note that J.L., in her summary that was admitted into evidence as Exhibit R-3, stated that she is appealing the denial of Petitioner’s first application for Medicaid benefits, which was issued on August 12, 2019. However, J.L., on Petitioner’s behalf, did not appeal that denial and instead, appealed the eligibility date provided in the County’s January 21, 2020 letter granting Petitioner Medicaid eligibility as of September 1, 2019, which is the subject of present matter.

earlier eligibility cannot be provided in this matter.

Thus, for the reasons set forth in the Initial Decision and set forth above, I hereby ADOPT the Initial Decision in this matter. However, I note that Petitioner may be eligible for a deduction of her Pre-Existing Medical Expenses (PEME) from her income. See Medicaid Communication 18-10.

THEREFORE, it is on this 10th day of JUNE 2021,

ORDERED:

That the Initial Decision is hereby ADOPTED.



Jennifer Langer Jacobs, Assistant Commissioner
Division of Medical Assistance and Health Services