



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

**FINAL DECISION**

OAL DKT. NO. HMA 09517-24

AGENCY DKT. NO. N/A

**F.S.,**

Petitioner,

v.

**MORRIS COUNTY, DEPARTMENT  
OF HUMAN SERVICES, OFFICE OF  
TEMPORARY ASSISTANCE,**

Respondent.

---

**F.S.,** petitioner, pursuant to N.J.A.C. 1:10B-5.1

**Maira Rogers,** appearing for respondent Morris County DHS/Office of Temporary Assistance, pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: October 8, 2024

Decided: September 19, 2025

BEFORE **ANDREW M. BARON, ALJ:**

**STATEMENT OF THE CASE AND PROCEDURAL HISTORY**

Petitioner appeals the denial of further Medicaid eligibility determination for having excess resources.

The within appeal was filed the within appeal was filed on her behalf on July 15, 2024, and the matter was transferred and filed as a contested case with the Office of Administrative Law under N.J.S.A. 52:14B-2(b).

### **DISCUSSION**

Petitioner, re- applied for the Medicaid Age, Blind and Disabled program seeking continued coverage.

According to Ms. Rogers, bank records revealed a balance in an account with Chase on April 30, 2024, in the amount of \$9,953.59 and a second account at Chase with a balance of \$788.06.

His spouse also had an account with Chase which showed a balance on May 3, 2024, of \$1110.19, as well as a second account with an ending balance on May 2, 2024, of \$13,507.90

Thus, the total resources available to petitioner and his spouse at the time of renewal was \$23,392.59, well in excess for a family of two (2) maximum of \$6,000.00.

Ms. Rogers testified that in all cases, the Division has to go by the bank balance on the first of the month.

### **FINDINGS OF FACT**

Based upon due consideration of the facts stipulated by both parties as accurate, I **FIND** the following **FACTS**:

1. Petitioner sought continuing eligibility under the Age, Blind and Disabled program at the time of renewal.
2. At the time of review, petitioner and his spouse had available a total amount of resources of \$23,392.59, which is well in excess of the maximum allowable amount of \$6000.00

3. Accordingly, **I FIND** that the denial of continued eligibility as of June 30, 2024 is hereby **AFFIRMED**.

### **LEGAL ANALYSIS AND DISCUSSION**

In this matter, the only dispute is whether the Division correctly determined that petitioner was not eligible for Medicaid effective June 30, 2024, based on excess monthly resources at the time of review over the \$6,000.00 threshold for a family of two.

N.J.A.C. 10:71-4.5 (c) establishes asset and resource limits in order to become eligible for MLTSS Medicaid Programs with a maximum allowable asset threshold of \$6,000.00 a month.

Petitioner had assets in excess of that during the time of review..

Accordingly, **I CONCLUDE** the determination denying eligibility for Medicaid was correct and **I THEREFORE CONCLUDE** that the eligibility determination effective June 30, 2024 is hereby **AFFIRMED**.

Should the bank balances and/or the amount of resources change to a number below the maximum amount, petitioner was encouraged at the conclusion of the hearing to reapply.

### **ORDER**

Based upon the foregoing, it is **ORDERED** that the decision of the agency denying petitioners' application is and the same is hereby **AFFIRMED**.

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

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.

September 19, 2025

DATE



**ANDREW M. BARON, ALJ**

Date Record Closed:

September 19, 2025

Date Filed with Agency:

September 19, 2025

Mailed to Parties:

Ir

\_\_\_\_\_

**APPENDIX**

**LIST OF WITNESSES**

**For Petitioner:**

F.S.

**For Respondent:**

Maira Rogers

**LIST OF EXHIBITS IN EVIDENCE**

**For Petitioner:**

None

**For Respondent:**

- R-1 Redetermination request for information
- R-2 Redetermination application
- R-3 Request for Information
- R-4 Bank statements
- R-5 Budgets
- R-6 Termination letter
- R-7 Termination letter