



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

FINAL DECISION

OAL DKT. NO. HMA 05570-25

AGENCY DKT. NO. N/A

I.K.,

Petitioner,

v.

**BERGEN COUNTY BOARD
OF SOCIAL SERVICES**

Respondent.

I.K., petitioner, appearing pro se, pursuant to N.J.A.C. 1:10B-5.1

Jill Cotton, Fair Hearing Liaison appearing for respondent Morris County
DHS/Office of Temporary Assistance, pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: July 22, 2025

Decided: December 8, 2025

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

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

Petitioner appeals the Medicaid eligibility date determination for having excess resources at the time of redetermination.

The within appeal was filed on March 27, 2025 and the matter was transmitted to the Office of Administrative Law.

DISCUSSION

Petitioner was age 73 years old, a resident of Fair Lawn, at the time of redetermination, submitted a new application on December 6, 2024, as required by the program.

Her sole source of income at the time of renewal was \$1,870.00 a month in Social Security.

She maintained a sole bank account at TD Bank, which at the time of renewal reflected resources in the amount of \$2,319.00.

With the maximum amount of resources allowed in the amount of \$2000.00, her resources put her over the limit by \$319.00

FINDINGS OF FACT

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

1. Petitioner was a resident of Fair Lawn, and, as such a Medicaid renewal/redetermination application was filed as required by law and regulation on December 6, 2024.
2. Petitioner' sole source of income was \$1917.00 a month
3. She pays \$1,600.00 in monthly and has a monthly Medicare deductible of \$185.00.
4. At the beginning of this year, petitioner had assets in a bank account at TD Bank in the amount of \$2319.00 which exceeds the maximum allowed which is \$2,000.00.

5. Prior to filing the redetermination application, petitioner received a check from a third party in the amount of \$700.00 which remained in her account. Essentially, this is the event which put her over the maximum allowable resource limit.
6. Though at the time of hearing, petitioner indicated her resources were less, the Division is required to rely on the amount of resources at the time of redetermination.
7. Accordingly, **I FIND** that the termination of Medicaid effective February 28, 2025 was appropriate and 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 as of February 2025 based on excess resources at the time of redetermination.

N.J.A.C. 10:71-4.1 (c) establishes income limits in order to become eligible for MLTSS Medicaid Programs with a maximum allowable asset threshold of \$2000.00 a month.

Petitioner had \$2319.00 in her TD bank account in January 2025. Although the \$700.00 check in addition to her monthly Social Security check was a one-time payment, the money was still in the account at the beginning of the month, which is the controlling date for Medicaid purposes.

Accordingly, **I CONCLUDE** the determination denying eligibility for Medicaid at the time of redetermination is hereby **AFFIRMED**.

ORDER

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

I FILE this decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**.

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.

December 8, 2025

DATE



ANDREW M. BARON, ALJ

Date Received at Agency:

December 8, 2025

Mailed to Parties:

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APPENDIX

LIST OF WITNESSES

For Petitioner:

I.K.

For Respondent:

Jill Cotton

LIST OF EXHIBITS IN EVIDENCE

For Petitioner:

None.

For Respondent:

R-1 Package consisting of denial, bank statements application and related information.