

II.

I FIND that petitioner's:

Earned income is \$ 0 (N.J.A.C. 10:71-5.2, -5.4);
Unearned income is \$ 1775.33 (N.J.A.C. 10:71-5.2, -5.4);
Income exclusions total \$ 20 (N.J.A.C. 10:71-5.3);
Countable income totals \$ 1755.33 (N.J.A.C. 10:71-5.4(b)); and
The applicable income eligibility standard is \$ 1305 (N.J.A.C. 10:71-5.6).

III.

- ☒ **I CONCLUDE** that petitioner is over the applicable income limit and is therefore income **INELIGIBLE** for Medicaid Only benefits under N.J.A.C. 10:71-5.6.
- ☐ **I CONCLUDE** that petitioner is not over the applicable income limit and is therefore income **ELIGIBLE** for Medicaid Only benefits as of _____ (fill in date of eligibility) under N.J.A.C. 10:71-5.6.

ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW

I further **FIND** that the petitioner has resource in the amount of

\$54,708.79 from Fidelity Individual Account at CrossGate Wealth

Advisors. (See R-5.)

The maximum resource eligibility standard is \$4,000.00.

I therefore **CONCLUDE** that the petitioner is also over the resource
eligibility standard.

ORDER

I **ORDER** that:


- ☐ Petitioner's appeal is **DISMISSED** because petitioner has no standing.
- ☒ Petitioner is income **INELIGIBLE** for Medicaid Only benefits under N.J.A.C. 10:71-5.6.
- ☐ Petitioner is income **ELIGIBLE** for Medicaid Only benefits as of _____ under N.J.A.C. 10:71-5.6.

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.

05/29/2025

DATE



JOAN M. BURKE

, ALJ

Date Record Closed:

May 27, 2025

Date Filed with Agency:

Date Sent to Parties:

APPENDIX

Witnesses

For Petitioner:

N.T.	

For Respondent:

Ming Wang, Human Service Specialist 3

Exhibits

For Petitioner:

None

For Respondent:

R-1: NJ FAMILYCARE AGED, BLIND, DISABLED PROGRAMS APPLICATION

R-2 AGED, BLIND, DISABLED N.H. & WAIVER PROGRAMS WORKSHEET

R-3 SOCIAL SECURITY ADMINSTATIVE LETTER

R-4 SOLQ IN-HOUSE SYSTEM - SOCIAL INCOME VERIFICATION

R-5 CROSSGATE WEALTH ADVISOR - BILLING SUMMARY

R-6 ADVERSE ACTION NOTICE / DENIAL NOTICE

R-7 NJAC 10:72-4.1

R-8 NJAC 10:72-4.5

R-9 LETTER FROM PETITIONER

R-10 PETITIONER'S HOUSE SALE DOCUMENTS