



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 16959-25

V.R.,

Petitioner,

v.

**HUDSON COUNTY DEPARTMENT
OF FAMILY SERVICES,**

Respondent.

For petitioner: V.R., petitioner, pro se

For respondent: **Yesinia Checo**, HSS 3, for respondent pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: November 12, 2025

Decided: November 14, 2025

BEFORE: **WILLIAM J. COURTNEY**, ALJ:

STATEMENT OF THE CASE

Respondent denied petitioner's Medicaid Only application due to excess resources under N.J.A.C. 10:71-4.5.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

I.

I FIND that petitioner or petitioner's representative is **AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that petitioner has **STANDING** to pursue this appeal.

I FIND that petitioner or petitioner's representative is **NOT AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that petitioner has **NO STANDING** to pursue this appeal.

II.

I FIND that:

- (1) Petitioner's **available and countable resources** total \$4,302.56 (N.J.A.C. 10:71-4.1, -4.2 for single individuals; N.J.A.C. 10:71-4.6 and -4.8 for married individuals)
- (2) The applicable **resource eligibility standard** is \$4,000.00 (N.J.A.C. 10:71-4.5)
- (3) Petitioner's **date of resource eligibility** is May 23, 2025 (N.J.A.C. 10:71-4.5) (*fill in if resources under applicable standard*)

III.

I **CONCLUDE** that petitioner is over the applicable resource limit and is therefore resource **INELIGIBLE** for Medicaid Only benefits under N.J.A.C. 10:71-4.5.

ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW

None

ORDER

I ORDER that:

Petitioner's appeal is **DISMISSED** because petitioner has **NO STANDING**.

Petitioner is resource **INELIGIBLE** for Medicaid Only benefits under N.J.A.C. 10:71-4.5.

Petitioner is resource **ELIGIBLE** for Medicaid Only benefits as of _____ under N.J.A.C. 10:71-4.5.

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.

November 14, 2025

William J. Courtney, ALJ

Date Filed with Agency:
November 14, 2025

November 14, 2025

Date Sent to Parties:
November 14, 2025

APPENDIX

List of Witnesses

For Petitioner:

V.R., pro se

For Respondent:

Yesinia Checo, HSS 3

List of Exhibits

For Petitioner:

None

For Respondent:

Exhibit A	Renewal letter sent to client
Exhibit B	Renewal application submitted by the client
Exhibit C	SSA Income Verification
Exhibit D	Clients bank statements
Exhibit E	Life insurance policy with cash value
Exhibit F	Income eligibility worksheet
Exhibit G	Denial letter for over resources
Exhibit H	NJ Care Citation