



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

**INITIAL DECISION**

OAL DKT. NO. HMA 16266-25

**M.G.,**

Petitioner,

v.

**BERGEN COUNTY DIVISION OF  
SOCIAL SERVICES,**

Respondent.

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**M.G.**, petitioner, pro se

**Jill Cotter**, Human Services Specialist 2, Fair Hearing Liaison, for respondent,  
pursuant to N.J.A.C. 1.1-5.4(a)(3)

Record Closed: December 9, 2025

Decided: December 22, 2025

BEFORE, **SANDRA L. LASCARI**, ALJ:

**STATEMENT OF THE CASE**

In March of 2025 petitioner, M.G., submitted an Aged Blind Disabled (ABD) Medicaid redetermination application. Bergen County Division of Social Services (Bergen) denied petitioner's Medicaid 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.

II.

I **FIND** that:

- (1) Petitioner is married but estranged from his wife, K.G.
- (2) M.G. and K.G. both reside at the same address. M.G. has not divorced K.G. for religious reasons.
- (3) Both of their names are on M.G.'s only checking account.
- (4) K.G. also has a separate bank account that she holds jointly with their daughter (K.G.2). This account has a balance of \$31,176.08.
- (5) Both M.G. and K.G. receive RSDI. He receives \$977 RSDI plus a pension of \$61.88. She receives \$883 RSDI.
- (6) As legally married, he is considered a household of two for Medicaid eligibility purposes.
- (7) M.G.'s **available and countable resources** total \$1,901.88; N.J.A.C. 10:71-4.6 and -4.8 for married individuals)
- (8) The applicable **resource eligibility standard** is \$1,763 (N.J.A.C. 10:71-4.5) for a household of 2.

III.

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

**ORDER**

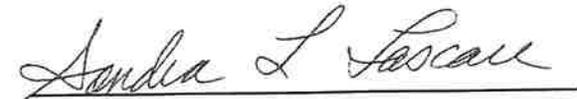
I **ORDER** that:

Petitioner is resource **INELIGIBLE** for Medicaid benefits under N.J.A.C. 10:714.5.

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.

December 22, 2025  
DATE

  
SANDRA L. LASCARI, ALJ

Date Received at Agency: December 22, 2025

Date Mailed to Parties: December 22, 2025  
SLL/dr

**APPENDIX**

Witnesses

For Petitioner:

M.G.

For Respondent:

Jill Cotter

Exhibits

For Petitioner:

None

For Respondent:

R-1 Packet from the Agency