

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 \$243.17
(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 \$2,000 (N.J.A.C. 10:71-4.5)
- (3) Petitioner's **date of resource eligibility** is November 1, 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.
- I **CONCLUDE** that petitioner is not over the applicable resource limit and is therefore resource **ELIGIBLE** for Medicaid Only benefits as of November 1, 2025 (*fill in date of eligibility*) under N.J.A.C. 10:71-4.5.

ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW

On November 3, 2025, Essex County denied P.S.'s Medicaid application on the grounds that he possessed \$2,253.15 in his bank account in excess of the \$2,000 resource limit for a single individual as of November 1, 2025. (R-1).

On October 1, 2025, P.S.'s bank account had a balance of \$2,253.15. (R-1).

On November 1, 2025, P.S.'s bank account had a balance of \$253.15. P-1

November 3, 2025, eligibility determination explanation cites to N.J.A.C. 10:72-4.5(b), but based on the explanation Essex County provided, this section of the code is not on point.

More applicable is N.J.A.C. 10:71-4.5(c) which states: Resource maximum for an individual: participation in the program shall be denied or terminated if the total value of an individual's resources exceeds \$ 2,000.

Under N.J.A.C10:71-2.2(a), and N.J.A.C.10:71-4.1(a) Medicaid resource eligibility must be evaluated as of the first moment of the first day of the month for which eligibility is sought.

Eligibility was sought for November 1, 2025, the balance in his account was \$253.15 (P1) making him eligible under N.J.A.C. 10:71-4.5(c).

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 November 1, 2025 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.

February 17, 2026

DATE

Sandra L. Lascari

SANDRA L. LASCARI, ALJ

Date Record Closed:

01/26/2026

Date Filed with Agency:

02/17/26

Date Sent to Parties:

02/17/26

APPENDIX

Witnesses

For Petitioner:

P.S.
N.S.

For Respondent:

Chinomso Nwoga

Exhibits

For Petitioner:

Petitioner Brief

- P-1 November 3, 2025 letter from NJ Family Care showing eligibility as of 11/1/25.
Work Sheet
- P-2 Bank Statement dated 10/31/25
- P-3 Bank Statement of I.S. & L.S.

For Respondent:

- R-1 Essex County HMA Packet