



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

**INITIAL DECISION**

OAL DKT. NO. HMA 03378-24

A.B.,  
\_\_\_\_\_  
\_\_\_\_\_,

Petitioner,

v.

Monmouth County Board of  
Social Services,  
\_\_\_\_\_

Respondent.

**Medicaid Only**  
**Failure to Verify Eligibility Appeal**  
**N.J.A.C. 10:71-2.2 and -2.3**

**STATEMENT OF THE CASE**

Respondent denied petitioner's Medicaid Only application for failure to provide the following evidence of eligibility under N.J.A.C. 10:71-2.2(e):

Specific information about petitioner's 401K plan, including (1) the owner of the account;  
\_\_\_\_\_  
(2) number of the account; (3) the bank or institution where the account is held; and  
\_\_\_\_\_  
(4) a description of columns listed on the 401K statement.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 standing is established.
- ☐ I **FIND** that petitioner or petitioner's representative is **NOT AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that standing is not been established.

**II.**

- ☐ I **FIND** that petitioner did not timely provide all the required documentation under N.J.A.C. 10:71-2.2(e) and -2.3(a), and that no exceptional circumstances exist under N.J.A.C. 10:71-2.3(c); therefore, I **CONCLUDE** that the Medicaid Only application must be **DENIED** under N.J.A.C. 10:71-2.2(e).
- ☐ I **FIND** that petitioner did not timely provide all the required documentation under N.J.A.C. 10:71-2.2(e) and -2.3(a), but that exceptional circumstances exist under N.J.A.C. 10:71-2.3(c); therefore, I **CONCLUDE** that the time limit for verification must be **EXTENDED** under N.J.A.C. 10:71-2.3(c).
- ☒ I **FIND** that petitioner did not timely provide all the required documentation under N.J.A.C. 10:71-2.2(e) and -2.3(a); exceptional circumstances exist under N.J.A.C. 10:71-2.3(c); and petitioner has since provided all the required documentation; therefore, I **CONCLUDE** that the Medicaid Only application must be **PROCESSED** to determine eligibility under N.J.A.C. 10:71.
- ☐ I **FIND** that petitioner timely provided all the required documentation under N.J.A.C. 10:71-2.2(e) and -2.3(a); therefore, I **CONCLUDE** that the Medicaid Only application must be **PROCESSED** to determine eligibility under N.J.A.C. 10:71.

**ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW**

A.B. filed her Medicaid application on August 31, 2023. On December 13, 2023, well beyond the forty-five-day processing time, the CWA sent a request for information.

This is the exceptional circumstance--especially since after granting A.B.'s request for an extension, A.B. timely provided the requested information--including the documents showing withdrawals and deposits. A.B. also submitted a 401K multi-page statement that includes columns of dates and numbers with headings and other identifying information.

**ORDER**

I **ORDER** that:

- ☐ Petitioner's appeal is **DISMISSED** because petitioner has no standing.
- ☐ Petitioner is **INELIGIBLE** for Medicaid Only under N.J.A.C. 10:71-2.2(e).
- ☐ Respondent must **EXTEND** the time limit for verification under N.J.A.C. 10:71-2.3(c).
- ☒ The case be **RETURNED** to respondent for respondent to **PROCESS** the application to determine eligibility under N.J.A.C. 10:71.

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.

06/06/2024

DATE



MAMTA PATEL

, ALJ

Date Record Closed:

05/30/2024

Date Filed with Agency:

06/06/2024

Date Sent to Parties:

06/06/2024

**APPENDIX**

**Witnesses**

**For Petitioner:**

Katherine Mauro, Designated Authorized Representative (DAR) for A.B.

Business Office Manager/Staffing Coordinator for The Jewish Home Rehab &  
Nursing Center

Miriam Gruner, Business Office for The Jewish Home Rehab & Nursing Center

**For Respondent:**

Arti Sinha, Supervisor, Monmouth County Board of Social Services

Maria Aviles, Caseworker, Monmouth County Board of Social Services

**Exhibits**

**For Petitioner:**

P-1 Letter from CWA Denying Eligibility dated January 22, 2024

P-2 Bank Statements from Santander

P-3 Multi-Page 401K plan statement

P-4 Request for Information from CWA dated January 4, 2024

P-5 Medicaid Communication No.22-04 dated May 3, 2022

P-6 Request for Information from CWA dated December 13, 2023

P-7 Designation of Authorized Representative Form from A.B.

P-8 Email from Katie Mauro to Miriam Gruner dated January 18, 2024

P-9 Home Depot FutureBuilder: A 401K and Stock Ownership Plan Account Summary

**For Respondent:**

R-1 A.B.'s Medicaid Application dated August 31, 2023

R-2 Letter from CWA Denying Eligibility dated January 22, 2024

R-3 Medicaid Communication No.22-04 dated May 3, 2022

R-4 Request for Information from CWA dated January 4, 2024 and December 13, 2023

R-5 Designation of Authorized Representative Form from A.B.

R-6 Multi-Page 401K plan statement