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State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 05535-24

AGENCY DKT NO. N/A

D.D.

Petitioner,

v.

UNION COUNTY BOARD OF SOCIAL SERVICES,

Respondent.

Jaclyn Healy, Esq. for petitioner (Wolfe Ossa Law, attorneys)

Steven Hockaday, Esq. for respondent (Union County Counsel, attorneys)

Record Closed: August 30, 2024

Decided: September 4, 2024

BEFORE **KIMBERLY A. MOSS**, ALJ:

Petitioner is appealing a denial of Medicaid benefits by Union County Board of Social Services (Agency) for failing to provide information. The Division of Medical Assistance and Health Services transmitted this matter to the Office of Administrative Law (OAL), where it was filed April 29, 2024, as a contested case pursuant to N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13. The hearing was scheduled for August 13, 2024,

which was adjourned. The hearing was on August 30, 2024, at which time I closed the record.

FINDING OF FACTS

Petitioner applied for Medicaid benefits on or about December 8, 2023. On January 8, 2024, the Agency sent petitioner a letter requesting information. Among the information requested was the cash value of her life insurance policy with Senior Life and complete bank statements from her account at Chase Bank. Petitioner supplied Life Insurance information from Senior Life which included a page that lists the table of benefits which includes the end of year cash value of the policy for policy years one through twenty. Petitioner purchased the policy on October 20, 2020. The cash value of the policy on year three of the policy was \$704 according to the table of benefits.

Petitioner sent the Agency bank statements from the Chase bank account. However, the statements would read one of four pages and only three pages were submitted. However, the statements each listed the ending balance in the account for the time of the statement. Petitioner argues that the pages of the bank statements that were not sent were blank.

LEGAL ANALYSIS AND CONCLUSION

N.J.A.C. 10:71-2.2 provides:

(a) The Division of Medical Assistance and Health Services is the administrative unit of the Department of Human Services responsible for coordinating the administration of Medicaid Only with the Supplemental Security Income program. This Division provides for payment of claims for, and evaluation of health services rendered under, Medicaid Only; maintains administrative liaison with other departmental divisions; and provides professional, medical and paramedical staff that is advisory to this Division in all matters of health care relevant to the administration of Medicaid Only. This Division contracts with CWAs for reimbursement of costs of administering the Medicaid Only program.

(b) The Division of Medical Assistance and Health Services and the Commissioner of the Department of Human Services shall establish policy

and procedures for the application process and supervise the operation of and compliance with the policy and procedures so established.

(c) The CWA exercises direct responsibility in the application process to:

1. Inform the applicants about the purpose and eligibility requirements for Medicaid Only, inform them of their rights and responsibilities under its provisions and inform applicants of their right to a fair hearing;
2. Receive applications;
3. Assist the applicants in exploring their eligibility for assistance;
4. Make known to the applicants the appropriate resources and services both within the agency and the community, and, if necessary, assist in their use; and
5. Assure the prompt and accurate submission of eligibility data to the Medicaid status files for eligible persons and prompt notification to ineligible persons of the reason(s) for their ineligibility.

(d) The CWAs shall also provide supportive social services, which will enhance cure and rehabilitation of beneficiaries of Medicaid Only.

(e) As a participant in the application process, an applicant shall:

1. Complete, with assistance from the CWA if needed, any forms required by the CWA as a part of the application process;
2. Assist the CWA in securing evidence that corroborates his or her statements; and
3. Report promptly any change affecting his or her circumstances.

In this matter, the Agency denied petitioner's application for Medicaid because it did not receive the current value of her life insurance policy, and it did not receive complete bank statements. Petitioner provided a portion of the Senior Life policy which states the cash value of the policy for twenty years. The cash value of petitioner's life insurance policy would have been \$704. Although petitioner did not provide every page of her bank statements, the bank statements included the end balance in the account on each statement.

I **CONCLUDE** that petitioner provided the cash value of the Senior Life policy to the agency and provided bank statements which showed the balance in the account.

ORDER

Based on the foregoing, it is **ORDERED** that the Board's denial of Medicaid eligibility to petitioner be and is hereby **REVERSED**.

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.

September 4, 2024



DATE

KIMBERLY A. MOSS, ALJ

Date Record Closed:

August 30, 2024

Date Filed with Agency:

Date Sent to Parties:

September 4, 2024

ljb

WITNESSES

For Petitioner

D.D.

For Respondent

Sandra Arevaco

EXHIBITS

For Petitioner

P-1 Packet sent by Petitioner

For Respondent

R-1 Pages 1-41

R-2 Pages 42-46

R-3 Pages 47-140

R-4 Pages 141-149