



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

**INITIAL DECISION**

OAL DKT. NO. HMA 02895-25

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

H.K.

Petitioner,

v.

Monmouth County Division  
of Social Services

Respondent.

For petitioner: Lynne E. Staufenberg, Esq.

For respondent: Kenneth Mantila, FHL

BEFORE: Nicole T. Minutoli, ALJ

### **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):

1. Documentation confirming ownership of savings account #3990 or additional statements for account;
2. Documents providing verification for thirty one Chase bank transactions;
3. Document establishing market value of the co-op;
4. Monthly accounting from facility prior to November 2021;
5. Formal admission or discharge document from the facility or payment ledger prior to November 2021.

### **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 petitioner did not provide all the necessary 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 provide all the necessary 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) (*note exceptional circumstances in "Additional Findings of Fact/Conclusions of Law"*); 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 provide all the necessary 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) (*note exceptional circumstances in "Additional Findings of Fact/Conclusions of Law"*); and petitioner has since provided all the necessary 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 provided all the necessary 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**

Application was submitted on August 7, 2024. On October 10, 2024, a Request for Information was sent to petitioner, requesting numerous items, with a due date of October 24, 2024. On October 18, 2024, petitioner's representative requested and was granted an extension of time to respond. The new date of November 1, 2024. On November 1, 2024, petitioner's representative uploaded to respondent's application portal some, but not all verifications. On December 4, 2024, the application was denied for failure to provide the requested information. Attached to the denial, was a detailed list of the missing verifications.

**ORDER**

I **ORDER** that:

- ☐ Petitioner's appeal is **DISMISSED** because petitioner has **NO STANDING**.
- ☒ Petitioner's Medicaid Only application is **DENIED** 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.


10/24/2025

\_\_\_\_\_  
DATE

Date Record Closed: \_\_\_\_\_

Date Filed with Agency: \_\_\_\_\_

Date Sent to Parties: \_\_\_\_\_

  
\_\_\_\_\_  
Nicole T. Minutoli, ALJ

10/22/2025  
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**APPENDIX**

Witnesses

For Petitioner:

None.

For Respondent:

Heather Bishop, HSS 3

Exhibits

For Petitioner:

P-1 November 1, 2024 letter

For Respondent:

R-1 Application dated August 7, 2024  
R-2 Request for Information, dated October 10, 2024  
R-3 Denial Notice, dated December 4, 2024  
R-4 N.J.A.C. 10:71-2.2  
R-5 Summary of outstanding verifications