State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 20982-25
AGENCY DKT. NO. N/A

A.D.,

Petitioner,

v.

CAMDEN COUNTY BOARD OF SOCIAL SERVICES,

Respondent.

Richard M. Flynn, Esq., for petitioner (Flynn & Associates, LLC, attorneys)

Botonya Y. Harris, Human Support Specialist, for respondent under N.J.A.C. 1:1-5.4(a)(3)

Record Closed: May 6, 2026 Decided: May 22, 2026

BEFORE **KIMBERLEY M. WILSON,** ALJ:

STATEMENT OF THE CASE

Petitioner A.D. appeals from a September 5, 2025, decision from respondent Camden County Board of Social Services (Agency) terminating his Medicaid benefits under the Medicaid Managed Long-Term Services and Supports (MLTSS) program for a failure to provide requested verifications. Did A.D. provide the requested verifications to

the Agency by the Agency's deadline? No. As a result, A.D. was not eligible for MLTSS Medicaid benefits on September 5, 2025.

PROCEDURAL HISTORY

On or around December 31, 2024, E.P., A.D.'s former power of attorney,[1] submitted a renewal application to the Agency. (R-1.) On or around September 5, 2025, the Agency sent J.D. a letter indicating that A.D. was no longer eligible for Medicaid benefits for a failure to provide information. (R-10.) On or around September 26, 2025, M.M. requested a fair hearing.

The New Jersey Division of Medical Assistance and Health Services (DMAHS) transmitted the matter to the Office of Administrative Law, where it was filed as a contested case on December 10, 2025. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13. A February 19, 2026, hearing was adjourned at Richard Flynn's (Flynn) request, and the matter was rescheduled to April 13, 2026. On or around April 8, 2026, Botonya Harris (Harris) requested an adjournment of the April 13, 2026, hearing, and the matter was adjourned until April 29, 2026.

During the April 29, 2026, proceeding, Flynn requested an adjournment, and the matter was scheduled for a peremptory hearing on May 6, 2026. The matter was heard on May 6, 2026. At the beginning of the hearing, Flynn moved to dismiss the Agency action pursuant to N.J.A.C. 10:70-2.5(a)(3), arguing that the Agency should be barred from terminating A.D. from receiving Medicaid benefits for the Agency's failure to redetermine A.D.'s eligibility for benefits on a regular basis. This motion was initially denied without prejudice, primarily because the regulation that Flynn cited did not include the remedy that he sought. The parties were given the opportunity to brief these issues, such as in a post-hearing summation brief or otherwise, for me. The parties presented oral summations at the end of testimony and did not request any other opportunity to address Flynn's motion.

[1] E.P. died in April 2025, and J.D. became A.D.'s power of attorney.

The record closed on May 6, 2026.

DISCUSSION AND FINDINGS OF FACT

A.D. has received Medicaid MLTSS benefits since 2021. On or around December 31, 2024, E.P. submitted a renewal application for A.D. to the Agency. (R-1.) On or around May 29, 2025, the Agency sent E.P., A.D.'s sister and then power of attorney, a request for information, seeking certain information by June 12, 2025. (R-2.) On the following day, May 30, 2025, the Agency sent J.D., A.D.'s brother and alternate power of attorney, a second request for information, seeking certain information by June 13, 2025. (R-3.) On or around June 12, 2025, J.D. requested additional time to provide responses to the Agency's May 29, 2025, letter. (R-4.)

On or around July 16, 2025, the Agency sent J.D. a third request for information, and the deadline to provide this information was July 28, 2025. (R-5.) J.D. requested additional time to provide the information that the Agency requested, and the Agency granted that request. The Agency sent J.D. a fourth request for information on or around July 30, 2025, with an August 11, 2025, deadline to respond.

On or around August 2, 2025, J.D. provided the Agency with information. (R-7.) According to Harris, the Agency first learned that A.D. had a savings bond in J.D.'s response. (R-7 at 19, 21.) On or around August 15, 2025, the Agency sent J.D. a fifth request for information, seeking the following information by August 29, 2025:

> (1) The verification of ownership must be provided for the following accounts used for transfer in/out of TD Bank account #4083: Accounts ending in 8162. If the account is in name of [A.D.], then provide the statements from when it was open to the present (quarterly).
>
> (2) With new [Qualified Income Trust (QIT)] account, the Schedule A must provide and the full year quarterly statements from when it was open to the present.

> (3) With old QIT account, the closing statement is needed to show the closed date 4/8/2025.
>
> [R-8.]

On or around August 27, 2025, J.D. sent an email to the Agency with information responding to the fifth request for information. (R-9.) J.D. advised that he had no information regarding an account ending in #8162. (Ibid.) As for the closing statement for a prior QIT account, J.D. provided a final statement with a $35.78 balance and advised that the balance had been transferred to a new QIT account. (R-9 at 24–25.) Schedule A of the QIT indicated that the QIT's bank account ended in #7851, which was the old account number; the new QIT account number ended in #0306. (Id. at 32, 35) Harris testified that it was important for the Agency to receive verification that an account was closed, rather than reduced to a zero balance, so that the Agency could properly determine an applicant's resources and/or income.

On or around September 5, 2025, the Agency sent J.D. a letter, advising that A.D. would be terminated from Medicaid coverage for a failure to provide all needed information. (R-10.) On or around September 19, 2026, J.D. sent the Agency a letter with documents that he said were sent to the Agency by email and mail on August 27, 2025. (R-12 at 39.) Within those documents was a QIT for A.D., and Schedule A of the QIT indicated that the trust account for the QIT was a TD Bank account ending in #7851, which was the old account number. (Id. at 35, 46.)

Upon reconsideration of the matter, the Agency sent J.D. a second termination letter on September 24, 2025. (R-11). On or around October 16, 2025, counsel for A.D. sent the Agency a letter stating the following:

> 1. The account ending in 8162 belonged to [E.P.], who died [in April 2025], not [A.D.] As such, neither of these gentlemen have access to this information. The best they are able to provide in response to Request #1 is the attached letter from T.D. bank which confirms the accounts which were in fact in [A.D.'s] name at that institution.
>
> . . . .

> 3. The direct bank statement is not in [A.D.] or [J.D.'s] possession because it was sent to [E.P.], who is deceased. A copy has been requested and we are currently waiting on same. However, at this time, we can provide circumstantial proof of the closing of this account through the proofs already provided. On the final balance shown in account #7851 as of April 3, 2025 was $35.78.
>
> [R-14 at 50–51.]

The version of A.D.'s QIT that was attached included Schedule A with a trust account with TD Bank ending in #7851. (Id. at 58.)

On or around October 28, 2025, the Agency sent J.D. a letter indicating that A.D. was no longer eligible for Medicaid benefits for a failure to provide a QIT with an updated schedule A with a TD Bank account ending in #0306 and closing bank verification for the TD Bank account ending in #7851. (R-15.)

Harris testified that she never received the verification showing ownership of the account ending in #8162.

J.D., power of attorney for A.D. and trustee for A.D.'s QIT, testified that he did his best to provide the Agency with all the information it requested before September 5, 2025. For the account ending in #8162, J.D. did not know who owned it but later learned that it was E.P.'s account. He could not obtain any information regarding E.P.'s account because of confidentiality concerns. The Agency received the QIT, with the updated schedule A, listing a TD Bank account ending in #0306, on December 22, 2025.

J.D. testified that the termination of A.D.'s Medicaid MLTSS benefits was unfair, and he wanted a waiver of this requirement so that A.D. could be eligible for Medicaid MLTSS benefits.

DISCUSSION AND CONCLUSIONS OF LAW

Medicaid is a cooperative federal-state venture established by Title XIX of the Social Security Act. 42 U.S.C. §1396, et seq. It is "designed to provide medical assistance to persons whose income and resources are insufficient to meet the costs of necessary care and services." Atkins v. Rivera, 477 U.S. 154, 156 (1986); see also 42 U.S.C. § 1396-1; N.J.S.A. 30:4D-2. Medicaid provides "medical assistance to the poor at the expense of the public." Est. of DeMartino v. Div. of Med. Assistance & Health Servs., 373 N.J. Super. 210, 217 (App. Div. 2004) (citing Mistrick v. Div. of Med. Assistance & Health Servs., 154 N.J. 158, 165 (1998)). The New Jersey Medical Assistance and Health Services Act, N.J.S.A. 30:4D-1 to -19.5, created New Jersey's Medicaid program and DMAHS to perform administrative and operational functions related to the program. See N.J.S.A. 30:4D-4.

Medicaid MLTSS "provides comprehensive services and supports" to eligible participants, including those residing in an assisted living facility, nursing home, community residential service or at home. See https://www. nj.gov/humanservices/ dmahs/individuals-families/familycare/mltss/ (last visited on May 15, 2026). This program covers care management, home-delivered meals, assisted living, community residential services and nursing home care, among other services. Ibid. Individuals qualify for Medicaid MLTSS based on their finances, specifically their monthly income and assets, along with a clinical necessity requirement. Ibid.

Because Medicaid funds are limited and intended for the needy, only applicants with income and non-exempt assets below specified levels may qualify for this government-funded assistance. N.J.A.C. 10:71-4.1 to -4.11; N.J.A.C. 10:71-5.1 to -5.9. Resources, for determination of Medicaid eligibility, are broadly defined as an applicant's real or personal property "which could be converted to cash to be used for [his or her] support and maintenance." N.J.A.C. 10:71-4.1(b). Resources are available to an applicant when those resources are either under their "right, authority or power to liquidate" or where those resources have been "deemed available to the applicant." Id. at (c)(1), (2).

State and federal regulations address the application process, including the respective responsibilities of county welfare agencies, such as the Agency, and applicants, including A.D. Pursuant to N.J.A.C. 10:71-2.2(c), county welfare agencies "exercise[] direct responsibility in the application process to . . . [r]eceive applications"; "[a]ssist the applicants in exploring their eligibility for assistance"; and "[a]ssure the . . . prompt notification to ineligible persons of the reason(s) for their ineligibility." N.J.A.C. 10:71-2.2(c)(2), (3), (5). An applicant's responsibilities include "[a]ssist[ing] the [county welfare agency] in securing evidence that corroborates his or her statements." N.J.A.C. 10:71-2.2(e)(2). An applicant is "the primary source of information." N.J.A.C. 10:71-1.6(a)(2). "However, it is the responsibility of the agency to make the determination of eligibility and to use secondary sources when necessary, with the applicant's knowledge and consent." Ibid.

The DMAHS has issued guidance regarding the application process. Medicaid Communication No. 22-04 (May 3, 2022) addresses the processing of Medicaid applications. Request for information letters will be sent when an applicant has provided insufficient information, and the applicant will have fourteen days to respond. (Id. at 1.) If the agency does not receive a response, "the application will be denied for failure to provide information." (Ibid.) On the issue of additional time to respond, the Medicaid Communication provides in pertinent part:

> It should be understood that exceptional circumstances may arise in determining eligibility. Therefore, if the applicant/beneficiary requests additional time to provide information and continues to cooperate in good faith with the Agency, a reasonable extension of the time limit may be permitted. These exceptional circumstances shall be documented in the Worker Portal.
>
> If an applicant/beneficiary fails to provide the requested information, fails to respond to [the Agency] while under a good faith extension, or fails to respond to [Agency] outreach, a denial/termination letter with the applicable citation must be sent.
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> [Id. at 2.(emphasis added.)]

Because the Agency terminated A.D.'s Medicaid benefits, the Agency bears the burden of proof by a preponderance of the evidence that A.D.'s benefits were correctly terminated. See WCI-Westinghouse, Inc. v. Edison Twp., 7 N.J. Tax 610, 630 (Tax Ct. 1985), aff'd, 9 N.J. Tax 86 (App. Div. 1986). From the evidence in this record, the Agency has satisfied its burden.

J.D. failed to provide the Agency with any of the information requested in the August 15, 2025, request for information, specifically verification of ownership of the account ending in #8162 and a closing statement for A.D.'s prior QIT account, by August 29, 2025. The request for information specifically provides that it is A.D.'s responsibility to provide this information to the Agency with clear and concise documentation, not just a personal statement. J.D.'s August 27, 2025, response that he did not have information about the account ending in #8162 and that he transferred the remaining balance in the old QIT bank account was insufficient. As Harris noted in her testimony, the Agency needed to determine the source of all of A.D.'s income, which was impossible to accomplish without information about the account ending in #8162, understanding that money was deposited into one of A.D.'s accounts from the account ending in #8162. See also M.C. v. Div. of Med. Assistance & Health Servs, 2022 N.J. AGEN LEXIS 153 at *6 (April 6, 2022). Even though J.D. requested additional time to provide the Agency with necessary information in the past, J.D. did not do so on or before August 29, 2025. For J.D.'s failure to provide these items to the Agency, the Agency had no other option but to issue a termination letter. See Med. Comm. No. 22-04 at 2. Accordingly, A.D. was not eligible for Medicaid MLTSS benefits on September 5, 2025.

Even after J.D. provided additional information to the Agency beyond the September 5, 2025, termination letter, J.D. still failed to provide the Agency with the information that it requested. During the hearing, Harris testified that she never received verification of ownership of the account ending in # 8162. In response to the Agency's sixth request for the closing statement for A.D.'s prior QIT account, J.D. did not provide the bank statement that the Agency requested; he provided a personal statement, which the Agency clearly stated in its correspondence is not sufficient verification. Importantly, in his October 16, 2025, response to the Agency, J.D. admitted that he did not have a copy of the bank statement and was working to obtain it. Even on the Agency's

reconsideration based on subsequent information that J.D. provided after the September 5, 2025 determination letter, J.D. failed to submit the clear and concise verification that the Agency required to process A.D.'s renewal application.

Counsel for A.D. argues that because J.D. was unable to obtain certain information that the Agency requested as part of A.D.'s renewal application process, the Agency should waive those requirements. This argument flies directly in the face of the plain language of the relevant regulations and Medicaid Communication on processing applications, all of which state that the Agency must issue a termination and/or denial letter for an applicant's failure to provide information that the Agency requests within the applicable time frame. Counsel's failure to cite a statute, rule, regulation or case law supporting this argument underscores its lack of merit.

For the foregoing reasons, I **CONCLUDE** that on September 5, 2025, A.D. was not eligible for MLTSS Medicaid benefits.

ORDER

I **ORDER** that on September 5, 2025, A.D. was not eligible for MLTSS Medicaid benefits.

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.

May 22, 2026
DATE

KIMBERLEY M. WILSON, ALJ

Date Received at Agency: May 22, 2026

Date Sent to Parties:

KW/ml

APPENDIX

Witnesses

For petitioner:

J.D.

For respondent:

Botonya Y. Harris

Exhibits

For petitioner:

P-1 Fair hearing packet containing a letter from Alex Flynn to Harris dated April 28, 2026; Subpoena Duces Tecum to TD Bank, NA dated April 22, 2026; April 23, 2026, amendment to the A.D. Irrevocable Qualified Income Trust; letter from Alex Flynn to Federal Reserve Bank of Minneapolis dated April 24, 2026; power of attorney dated April 23, 2026; email from Flynn to Agency dated May 6, 2021; HUD-1 settlement statement; copies of checks and bank statements.

For respondent:

R-1 Medicaid renewal application dated December 20, 2024

R-2 Request for Information from Agency to A.D. dated May 29, 2025

R-3 Request for Information from Agency to J.D. dated May 30, 2025

R-4 Email correspondence from J.D. to the Agency between June 12, 2025, and February 9, 2026

R-5 Request for Information from Agency to J.D. dated July 16, 2025

R-6 Request for Information from Agency to J.D. dated July 30, 2025

R-7 Email correspondence from J.D. to the Agency dated August 2, 2025

R-8 Request for Information from Agency to J.D. dated August 15, 2025

R-9 Email correspondence from J.D. to the Agency dated August 27, 2025

R-10 Letter from the Agency to J.D. dated September 5, 2025

R-11 Letter from the Agency to J.D. dated September 24, 2025

R-12 Letter from J.D. to the Agency dated September 19, 2025, and the A.D. Irrevocable Qualified Income Trust dated February 20, 2025

R-13 Request for Information from Agency to Flynn dated October 3, 2025

R-14 Email correspondence from Flynn to Agency dated October 16, 2025, and the A.D. Irrevocable Qualified Income Trust dated February 20, 2025

R-15 Letter from the Agency to J.D. dated October 28, 2025