State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 06072-26

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

A.T.

Petitioner,

v.

MONMOUTH COUNTY BOARD OF SOCIAL SERVICES,

Respondent.

For petitioner: Eliyahu Pekier, Esq. (Law Office of Simon Wercberger, attorneys)

For respondent: Heather Bishop, Human Services Specialist 3

BEFORE: GAURI SHIRALI SHAH, 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):

As part of the five-year look-back period, respondent requested verification regarding where petitioner's Social Security income was deposited from September 1, 2019 through April 1, 2024 and as applicable, identification and verification of any bank accounts in which this income was deposited, including those where petitioner was a co-owner.

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

Petitioner filed her second application for Medicaid through her Designated Authorized Representative (DAR) on April 29, 2025. (R-1.) The respondent took greater than the ninety days' time permitted to process the petitioner's application. On December 31, 2025, respondent issued a Request for Verification. (R-2.) Along with other documentation, respondent specifically sought verification of where petitioner had directed her SSA income from September 2019 until April 2024 as part of the mandated five-year look-back period for eligibility. However, the petitioner neither timely produced the requested verifications nor submitted proof to Respondent that, before the deadline, she made efforts to obtain the verifications required from the Social Security Administration (SSA). (P-1.) While the DAR indicated that a response would be forthcoming from the SSA, no response from the SSA was ever produced to the respondent. (P-1.) Additionally, petitioner was unable to provide proof that a facsimile note dated January 28, 2026, was forwarded to the respondent; respondent had no history of receiving the facsimile, nor was it in the application portal where all petitioner's related documents were housed. (P-2.)

Respondent also extended the time for the petitioner's response as a courtesy when it discovered that petitioner's DAR within the same firm had changed. (R-3.) Respondent provided testimony that in other cases, they had previously received letters from SSA verifying income and the manner in which it was disbursed. Additionally, the respondent checked the AVS database as requested by petitioner's DAR in an effort to assist identifying other bank accounts attributable to petitioner. Petitioner has another application for Medicaid benefits currently pending.

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.

June 3, 2026
DATE

Gauri Shirali Shah
GAURI SHIRALI SHAH , ALJ

Date Record Closed: 05/29/2026

Date Filed with Agency: _____

Date Sent to Parties: _____

APPENDIX

Witnesses

For Petitioner:

Nancy Mansour

For Respondent:

Heather Bishop, Human Services Specialist 3

Exhibits

For Petitioner:

P-1 Response to Request for Verification dated January 14, 2026
P-2 Fax note dated January 28, 2026 with screenshot attachment
P-3 Not in evidence
P-4 Not in evidence
P-5 Copy of Social Security Administration telephone number

For Respondent:

R-1 NJ FamilyCare ABD application dated 4/29/25
R-2 Request for Information dated 12/31/25
R-3 Request for Information dated 1/28/26
R-4 Notification of denial dated 1/30/26
R-5 Not in evidence