State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 02883-26

B.D.,

Petitioner,

v.

UNION COUNTY DIVISION OF SOCIAL SERVICES,

Respondent.

Simon P. Wercberger, Esq., for petitioner

Yesmin Y. Diaz, Assistant County Counsel, for respondent (Office of County Counsel, Union County, attorneys)

Record Closed: June 8, 2026 Decided: June 12, 2026

BEFORE **KELLY J. KIRK**, ALJ:

STATEMENT OF THE CASE

Petitioner's application for Managed Long-Term Services and Supports (MLTSS) Medicaid was denied by the Union County Division of Social Services (county social services agency (CSSA) or UCDSS) for failure to timely submit required verifications. Petitioner filed a request for a fair hearing.

The Division of Medical Assistance and Health Services transmitted the matter to the Office of Administrative Law (OAL), where it was filed on February 20, 2026, for determination as a contested case. The hearing was scheduled for April 17, 2026, but was adjourned at the request of petitioner to allow time for petitioner's counsel to review petitioner's documents and submit exhibits. The hearing was rescheduled for May 4, 2026, but was adjourned at the request of petitioner, due to witness unavailability. The hearing was rescheduled and held on June 8, 2026, on which date the record closed.

FINDINGS OF FACT

On October 22, 2025, the Union County Division of Social Services (UCDSS) received a Medicaid Application filed by Mindel Silberman of Future Care Consultants on behalf of B.D., then age 90. (R-2.) B.D. was residing in a nursing facility. (R-2.) The application reflects the nursing facility address as petitioner's home address and 14 53rd Street, Brooklyn, NY 11232 (the address of Future Care Consultants) as petitioner's mailing address. (R-2.) The "OTHER INCOME" section for petitioner is blank and does not reflect income from any pension, and the "LIFE INSURANCE POLICIES" section is also blank and does not reflect any policy. (R-2.)

By Request for Information (RFI) dated December 5, 2025, mailed to Silberman, petitioner was advised that the application could not be processed until all requested information is received. (R-1.) The requested information included, but was not limited to, the following:

> Additional Documentation Request.
> 1. 2025 Chubb Pension statement showing gross monthly payment and all deductions.
> 2. 2025 Metlife Pension statement showing gross monthly payment and all deductions.
> 3. Provide a letter from Prudential stating the following for policy ending in #3913 as of 10/01/2025: owner, insured, face value, current cash value. If this policy does not accrue cash value the letter must state this. If this policy has been surrendered, you must provide a copy of the

check received and proof of where it was deposited. If this policy was canceled or has lapsed, the letter must state this.
4. Bank of America statements (all pages) for account ending in #5056 for the period of 05/01/2025 through 10/01/2025. The statements must include the beginning balance, ending balance, and transaction history. If this account is no longer active, you must provide verification of account closure and where remaining funds were deposited.
5. PNA statement from facility for the period of 07/01/2025 through 10/01/2025.

[R-1.]

The RFI states that the information was to be provided by December 19, 2025. (R-1.)

On December 24, 2025, at 10:24 a.m., Bindy Feldheim of Future Care Consultants emailed Jacqueline Layden at the UCDSS, stating "I wanted to follow up on the status of this patient's Medicaid renewal which was sent in a while ago. Can the termination date be removed?" (P-1.) On December 29, 2025, at 10:25 p.m., Layden replied "[t]he case is currently on pending status," and "I cannot give you specific details pertaining to the case as you are not the DAR." (P-1.)

On January 5, 2026, petitioner submitted a Chubb Verification of Retirement Income, dated June 1, 2022. (R-2.) On January 5, 2026, at 7:42 a.m., Feldheim emailed Layden, stating "Please see part of the requested documents in response to the Medicaid renewal send in for [B.D.]. The remainder of the documents will be sent shortly." (P-1.) At 2:57 p.m., Layden replied that the "submission has been forwarded for evaluation." (P-1.)

On January 7, 2026, at 5:45 a.m., Feldheim emailed Layden, stating "Please see additional documents for the Request for Information."[1] (P-1.) On January 8, 2026, at 10:01 a.m., Layden forwarded the email to Adriana Perez-Negrete at the UCDSS to "Please respond to the below inquiry."[2] (P-1.) On January 8, 2026 at 3:20 p.m., Perez-Negrete emailed Feldheim as follows:

[1] It is not clear from the record if or what documents were attached.

[2] It is not clear what inquiry is being referred to.

> The agency received an intake application for [B.D.] on 10/22/2025. RFI letter was mailed on 12/05/2025 requesting verification for both pensions (CHUBB and MetLife), Prudential policy #3913, Bank of America statement for account #5056 from 05/01/2025 to 10/01/2025 or closure letter and PNA statement. On January 8, 2026, you sent via email RFI letter and verification of CHUBB pension only. Then on 01/07/2026, you sent via email a new DAR form designating you as the new DAR. Case was assigned for review for this week. I already review [sic] the case and you are still missing the following verifications:
> - Policy information for Prudential #3913
> - Bank of America statement for account #5056 from 05/01/2025 to 10/01/2025 or closure letter
> - PNA statement
> Please provide them by tomorrow morning. If you have any questions, please contact me at (908) [XXX-XXXX].
>
> [P-1.]

By notice dated January 12, 2026, petitioner was notified that eligibility for Medicaid was denied, effective January 12, 2026, because:

> 1. 2025 Chubb Pension statement showing gross monthly payment and all deductions. The previous letter provided on January 5, 2026 was not sufficient because it is dated 06/01/2022.
> 2. 2025 MetLife Pension statement showing gross monthly payment and all deductions.
> 3. Provide a letter from Prudential stating the following for policy ending in #3913 as of 10/01/2025: owner, insured, face value, current cash value. If this policy does not accrue cash value the letter must state this. If this policy has been surrendered, you must provide a copy of the check received and proof of where it was deposited. If this policy was canceled or has lapsed, the letter must state this.
>
> [R-1.]

The notice reflects that the action was required by N.J.A.C. 10:71-2.2(e). (R-1.)

On January 12, 2026, at 3:01 p.m., Silberman emailed Perez-Negrete, and copied, among others, Cherise Graham at UCDSS, as follows:

> Naama is out & I want to request an extension so we can get all the info you are requesting.
> Also BOA responded back that out [sic] request was invalid so a new request need [sic] to be submitted.
> I am attaching the pna
> Please confirm an extension has been granted.
>
> [P-1.]

At 3:15 p.m., Graham replied to Silberman as follows:

> The verifications were due 12/23/25, therefore you have already had additional time to provide the requested documents. This case was assigned to be processed last week, however, Ms. Perez held off on processing to allow the new DAR additional time to provide the missing verifications. So, at this time an extension will not be granted. As always, verifications can be provided and are accepted up until the application has been reviewed and signed off on by a supervisor.
>
> The PNA has been printed and will be forwared [sic] to be matched with the application.
>
> [P-1.]

At 3:22 p.m. Silberman replied as follows:

> Thanks for your response. I submitted a new app on 10/22. Why wasn't an email sent to me requesting additional info since i was the DAR. I do not recall receiving any RFI Letter. And the email below didn't come to me either[3].
> Please help!
>
> [P-1.]

[3] It is not clear what email is being referenced as the email immediately below on petitioner's exhibit reflects Silberman's email.

At 3:28 p.m. Graham replied that RFIs are sent via USPS mail, not email, and that the RFI "was mailed to your attention as you were the DAR at the time." (P-1.)

On January 12, 2026 at 3:59 p.m., Silberman emailed Graham, "Why wasn't the below email sent to me on 1/8?" (P-1.) On January 13, 2026, at 8:13 a.m., Graham replied as follows:

> We responded via email to the individual from your company that requested a status update. As you will see from the email chain, we advised that they were not the DAR so we would not provide information. They then provided a DAR form, so we shared the information. I've advised you of the status and you are aware of the documents still outstanding. As I indicated previously, we accept verifications up until the time the case is reviewed and signed off by a supervisor.
>
> [P-1.]

On January 13, 2026, at 11:14, Silberman emailed Graham as follows:

> I am the DAR that sent the app. For some reason I didn't receive the RFI. Please confirm the mailing address which it was sent to.
> At this point I am aware of the info that needed. We already sent the PNA ledger yesterday. We are doing our utmost effort in obtaining the BOA & prudential info which was requested. A friend of [B.] will attempt to go to the branch & we will also be sending a request to BOA today. Please note that BOA has an approximate turnaround time of 3 weeks. I am requesting the county to assist with obtaining these documents as well.
> [B.] is in dire need of Medicaid coverage & therefore we are requesting an extension while we await the info.
> I appreciate your understanding.
> Thank you.
>
> [P-1.]

On January 13, 2026 at 11:51 a.m. Graham emailed Silberman, in pertinent part, as follows:

> We sent the RFI to the address that was provided on the application and the RFI was sent on December 5th with the verifications due 12/23/25. I previously advised that we will not be granting an extension as you are requesting an extension nearly three weeks after the due date.
>
> [P-1.]

On January 13, 2026 at 12:18 p.m., Silberman emailed Graham and Layden as follows:

> I am happy to report the friend was successful in getting the BOA statements please see attached. We are waiting on the Prudential info. Again, we are asking for BSS assistance or extension.
>
> [P-1.]

On January 13, 2026[4], [A.B.][5] emailed Prudential.individual.life@prudential.com as follows:

> Please email the face & cash value on this policy ASAP.
> Info is needed for Medicaid purposes.
> Please expedite
>
> [P-1.]

On January 14, 2026, at 10:43 a.m., Silberman emailed Graham at the UCDSS stating that she was "[r]esending pna including July–I didn't realize you needed going back to July," and that "We haven't received Prudential yet but are hoping to receive it shortly." (P-1.)

By email dated January 20, 2026 at 10:49 a.m., Cherise Graham at UCDSS emailed Mindy Silberman at Future Care Consultants, stating:

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[4] The email does not reflect a time.
[5] It is not clear who A.B. is. as the email address is gmail and not a Future Care Consultants email address.

> I have already advised that we are not granting an extension as the documents were due 12/23/25. The case has been assigned to Ms. Sandargus for review this week.
>
> [R-1.]

By email dated January 20, 2026 at 11:31 a.m., Silberman emailed Graham and attached a PDF document named "[d] prudential response" and stated:

> Can you please hold off on the review? We got the email from them but we cant [sic] open it. Please help
>
> [R-1.]

The attachment states:

> Attached is the information you recently requested. Instructions on how to submit documentation and contact us are included in the attachment. Please do not send an email in reply to this message. A password is required. Instructions on how to open the attachment and contact us are as follows:
> - To open, click on the attachment. You will be prompted for a password. The password to open the document will consist of 13 numbers: Insured's date of birth (mmddyyyy) + Policy owner's 5 digit zip code.
> - Completed documents can be returned by US Mail at the address on the enclosed letter or for fax processing to [number]. Questions can be directed to [number] Monday—Friday 8:00 a.m. to 8:00 p.m. Eastern time.
> - Please do not send an email in reply to this message. Replies to the email address are not monitored.
>
> All documents are Adobe PDF documents and required Adobe Acrobat Reader to view. Click here for a free download.
>
> Thank you for being a valued Prudential customer.
>
> [R-1.]

The attachment contains no date and no reference to B.D. (R-1.) Silberman did not state what efforts were made to open the document or if Prudential had been contacted.

Petitioner submitted a MetLife Verification of Benefits, dated May 26, 2022. (R-2.)

On January 26, 2026, petitioner submitted a Prudential document reflecting "Your Policy Values" with a quotation date of September 20, 2022. (R-1.) The policy date was April 18, 1988 and the policy status was "Extended Term." (R-1.) The coverage profile reflects "Extended Term Insurance" $2,523.64 and "Termination Dividend" $0. (R-1.) The document states "Term insurance is being provided under the Extended Insurance benefit described in your policy, and will continue through April 10, 2024." (R-1.) The policy values reflect "Cash Value" $743.09 and "Termination Dividend "$0" as of September 20, 2022. (R-1.) The document also states: "The cash value of the term insurance portion of this amount will decrease over time and does not have loan value." (R-1.) The "Important Notice" on the last page states:

> Your policy has lapsed for non-payment of premium and is currently under its Extended Term non-forfeiture option. You may be eligible to apply for reinstatement. Reinstatement may give you the opportunity to restore the valuable coverage provided by your original policy. Contact your Prudential agent or the Customer Service Office for more information about the reinstatement requirements.
>
> Please be aware that a reinstatement may cause your policy to become a Modified Endowment Contract, which could affect the taxation of any loans, transfers of ownership, collateral assignments, surrenders or withdrawals from the reinstated policy.
>
> [R-1.]

On March 26, 2026, Silberman emailed a PDF attachment named "updated pna from 7.25." (P-1.)

A letter, dated April 2, 2026, from Prudential to B.D. states, in pertinent part:

> I am writing in regard to a request we received from Mindy Silberman for information on the policy listed above. Unfortunately, I am unable to provide information to this institution because your signed authorization was not included with their paperwork.
>
> . . .
>
> Our records indicate this policy lapsed because we did not receive the premium payment due on April 18, 2022. When the policy lapsed, we used the policy's case value to purchase Extended Term Insurance in accordance with the non-forfeiture provision in the contract.
> The Extended Term Insurance coverage expired on April 10, 2024. This policy no longer has any value.
>
> [R-1.]

The April 2, 2026 letter was submitted to the UCDSS on April 27, 2026. (R-1.)

Designation of Authorized Representative forms reflect that various representatives from Future Care Consultants, 14C 53rd Street, Brooklyn, NY 11232, were designated as petitioner's authorized representatives since July 29, 2025. (R-3.)

ANALYSIS AND CONCLUSIONS

N.J.A.C. 10:71-2.2 sets forth the responsibilities of the CSSA and the applicant in the application process. The CSSA 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. N.J.A.C. 10:71-2.2(c). As a participant in the application process, an applicant must: (1) complete, with assistance from the CSSA if needed, any forms required by the CSSA as a part of the application process; (2) assist the CSSA in securing evidence that corroborates his or her

statements; and (3) report promptly any change affecting his or her circumstances. N.J.A.C. 10:71-2.2(e).

The maximum period of time normally essential to process an application for the aged is forty-five days, and for the disabled or blind is ninety days. N.J.A.C. 10:71-2.3(a). See also, 42 C.F.R. § 435.912(c)(3). However, it is recognized that there will be exceptional cases where the proper processing of an application cannot be completed within the 45/90-day period. N.J.A.C. 10:71-2.3(c). Where substantially reliable evidence of eligibility is still lacking at the end of the designated period, the application may be continued in pending status. Ibid. In each such case, the CSSA shall be prepared to demonstrate that the delay resulted from one of the following: (1) circumstances wholly within the applicant's control; (2) a determination to afford the applicant, whose proof of eligibility has been inconclusive, a further opportunity to develop additional evidence of eligibility before final action on his or her application; (3) an administrative or other emergency that could not reasonably have been avoided; or (4) circumstances wholly outside the control of both the applicant and CSSA. Ibid

Medicaid Communication No. 22-04, dated May 3, 2022, updated Medicaid Communication No. 10-09, and states, in pertinent part, the following:

> The Worker Portal will perform electronic verifications (i.e. social security number, citizenship, first name, last name, date of birth, death confirmation, immigration status, income, disability status, etc.) which will be displayed for the caseworker to review. If a verification results in a discrepancy, insufficient information or an error, a Request for Information (RFI) letter will be sent. The RFI letter will allow the applicant/beneficiary 14 days to respond. If no response is received, the application will be denied for failure to provide information as per 42 CFR 435.952 (c)(2). An additional RFI letter may be sent if the applicant's response to the first RFI prompts the need for additional outreach.
>
> . . .
>
> 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 EDA while under a good faith extension, or fails to respond to EDA outreach, a denial/termination letter with the applicable citation must be sent.
> • For denial letters when the individual failed to provide requested information (new applicants only) no further documentation will be accepted by the Agency and the individual will be provided with information to reapply. Verifications from the previous application shall be utilized in the new application where appropriate.

Petitioners' application was submitted on October 23, 2025 by Future Care Consultants, and the December 5, 2025 RFI requested that the information required be submitted by December 19, 2025. Although petitioner submitted a "Facsimile Transmittal Sheet", dated December 22, 2025, purportedly from Feldheim at Future Care Consultants to Prudential, attaching an undated release form for B.D. and requesting the Prudential information, there is no confirmation page to confirm the facsimile was sent, nor any documentation of any follow up with Prudential thereafter. When Feldheim emailed the UCDSS on December 24, 2025, she made no mention that the Prudential documentation had just been requested two days prior, and when an email request for the Prudential information was made by "A.B." on January 13, 2026, it does not appear to be following up on any prior request and does not state that the information had already been requested. In the alternative, the purported facsimile contradicts Silberman's January 13, 2026 email, wherein she stated that she did not receive the RFI. (P-1.) If the RFI had not been received by Future Care Consultants, then the facsimile request could not have been made on December 22, 2025 for the missing Prudential information. Likewise, had Future Care Consultants not received the RFI, there would be no explanation for why Feldheim asked the UCDSS on December 24, 2025, "[c]an the termination date be removed?" (P-1.)

The timeframe to process an application is generally between forty-five and ninety days. While true that exceptional circumstances may arise in determining eligibility, and a reasonable extension of the time limit may be permitted if the

applicant/beneficiary requests additional time to provide information and continues to cooperate in good faith, no such exceptional circumstances exist in this case. This is not a case where an aged or disabled pro se petitioner or a family member was tasked with obtaining and submitting documentation. The record reflects that Future Care Consultants was petitioner's authorized representative since at least July 2025—and the RFI went directly to Future Care Consultants. There is no evidence that Future Care Consultants requested any extension prior to the due date for the information requested in the RFI, and even after later emails were sent and additional time was afforded by the CSSA, Future Care Consultants still failed to provide the information requested. Instead, it submitted documents obtained in 2022, rather than documents reflecting the status as of October 2025. The requested Prudential documentation was not submitted until April 2026. Although petitioner argues that the 2022 Prudential letter was sufficient because the application was made in October 2025 and the 2022 Prudential letter stated the insurance "will continue through April 10, 2024," it also reflects that the insurance could be reinstated.

In sum, the record does not support that the documentation was timely provided to the CSSA or that Future Care Consultants made good faith efforts to secure the documentation. I therefore **CONCLUDE** that petitioner failed to timely submit the documents required to process the application. I further **CONCLUDE** that submission in April of the documents requested is not a "reasonable extension," especially when petitioner's application was being handled by Future Care Consultants, and not petitioner or a family member. Accordingly, I **CONCLUDE** that the January 12, 2026 termination should be affirmed.

ORDER

It is **ORDERED** that the CSSA's January 12, 2026 termination of Medicaid is **AFFIRMED**.

I **FILE** my initial decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** for consideration. This

recommended decision may be adopted, modified, or rejected by the **ASSISTANT COMMISSIONER**, who is authorized to make a final decision in this case. If the **ASSISTANT COMMISSIONER** does not adopt, modify, or reject this decision within forty-five days, and unless such time limit is otherwise extended, this recommended decision becomes a final decision under N.J.S.A. 52:14B-10(c).

Within seven days from the date on which this recommended decision is mailed to the parties, any party may file written exceptions at **ASSISTANT COMMISSIONER, DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES, Mail Code #3, PO Box 712, Trenton, New Jersey 08625-0712**, marked "Attention: Exceptions." A copy of any exceptions must be sent to the judge and to the other parties.

Kelly J Kirk

June 12, 2026
DATE

KELLY J. KIRK, ALJ

Date Filed with Agency:

Date Sent to Parties:
db

APPENDIX

LIST OF WITNESSES

For Petitioner:

Mindy Silberman

For Respondent:

Barbara Sandargus

EXHIBITS IN EVIDENCE

For Petitioner:

P-1 Petitioner Packet

For Respondent:

R-1 CSSA Packet 1 (16 pages)
R-2 CSSA Packet 2 (19 pages)
R-3 CSSA Packet 3 (6 pages)