



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

**INITIAL DECISION**

OAL DKT. NO. HMA 03610-2025

AGENCY DKT. N/A

**B.C.,**

Petitioner,

v.

**CAMDEN COUNTY BOARD OF SOCIAL  
SERVICES,**

Respondent.

---

**John Pendergast, Esq.,** for petitioner (South Jersey Legal Services, Inc., attorneys)

**Botonya Y. Harris, HSSIII,** Fair Hearing Liaison, for respondent pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: February 11, 2026

Decided: March 4, 2026

BEFORE **REBECCA C. LAFFERTY, ALJ:**

**STATEMENT OF THE CASE**

B.C. (B.C. or petitioner) appeals the termination of his Medicaid benefits by the Camden County Board of Social Services (Agency or respondent) for failing to provide verifications pursuant to 42 CFR 435.916 and 42 CFR 435.952. Was the termination appropriate? Yes and no. Initially the termination was appropriate because no renewal

application was received by the respondent by the original deadline, however, the petitioner submitted his renewal application (Application) along with requested bank statements within ninety days of the Coverage End Date as directed in the letter terminating B.C.'s Medicaid benefits (within the reconsideration period) and thus the application should have been considered on that basis as of the month it was received by the respondent. Further, the petitioner through counsel timely responded to multiple requests for information from the respondent.

### **PROCEDURAL HISTORY**

By letter, dated November 19, 2024, petitioner's representative, J.D., was advised that petitioner's Medicaid benefits were being terminated for failing to provide the requested verifications pursuant to 42 CFR 435.916 and 42 CFR 435.952. (R-2.) Petitioner, through his representative requested a fair hearing, and the matter was transmitted by the Division of Medical Assistance and Health Services (DMAHS) to the Office of Administrative Law (OAL) where it was filed on February 25, 2025, as a contested case pursuant to N.J.S.A. 52:14B-1 to 15 and 14F-1 to 13.

The first scheduled telephonic hearing date of May 5, 2025, was adjourned in advance at petitioner's counsel's request due to receiving a letter from the respondent requesting additional information. The second scheduled hearing date of May 22, 2025, was adjourned in advance for the same reason. On June 10, 2025, the parties engaged in a phone conference at which time they agreed that no hearing was required, and the matter could be decided on summary decision. The parties were advised to file submissions by July 14, 2025.

Upon reviewing the parties' submissions this Tribunal determined that there was no stipulation as to material facts between the parties. On July 21, 2025, this Tribunal sent an email to the parties providing an opportunity for the parties to submit a joint stipulation of material facts. In response, the respondent stated that it wished to proceed with a telephonic hearing. A telephonic hearing was scheduled for September 5, 2025,

at which time a representative for the respondent appeared to request an adjournment due to the sudden illness of the individual handling this matter and serving as the respondent's witness. A telephone conference was scheduled for September 10, 2025, for the purpose of scheduling a new hearing date. A telephonic hearing was held on September 30, 2025, at which time the record remained open for closing summations from the parties. Closing summations were received and the record was closed on November 3, 2025. The record was reopened on November 24, 2025, for additional information and documents. The record closed again on February 11, 2026.

### **FINDINGS OF FACT**

**Botoyna Harris** (Harris), Human Service Specialist 3 (Fair Hearing Liaison), testified on behalf of the Agency. **J.D.**, the petitioner's mother testified on behalf of the petitioner.

Based upon due consideration of the testimonial and documentary evidence presented at the hearing and having had the opportunity to listen to the witnesses' tone and demeanor, I **FIND** the following as **FACTS**:

B.C. was the recipient of benefits through the NJ FamilyCare Aged, Blind, and Disabled program. On October 11, 2024, the Agency sent notification to B.C. by way of his authorized representative, his mother, J.D., that he must renew his NJ FamilyCare/Medicaid benefits by November 12, 2024. (R-1.) The notification stated that in addition to completing the renewal application, B.C. must provide current proof of income, and one statement per quarter for all active bank accounts for the preceding twelve months, amongst other items, if applicable. (R-1.) The notification was sent to the same address on file that was used previously. (R-1.) The Agency did not receive a response and on November 19, 2024, it issued a notice terminating B.C.'s Medicaid benefits effective November 30, 2024. (R-2.) The notice specifically stated, "If you would like to return the renewal/Request for Information form that we sent you earlier, we can still see if you qualify for NJ FamilyCare/Medicaid. If we do not receive the information

within 90 days from the Coverage End Date above and you still want health care coverage, you will have to re-apply.” Harris acknowledged that the Agency received the Application within the renewal period but stated that it had not received all verifications.<sup>1</sup>

Harris was not the individual who affixed the postage to the envelope containing the renewal notification, nor was she the person who placed it in the mail receptacle, but she did confirm that the address for B.C. is correct and matches the Agency’s file. The Certification provided by Cynthia Montanez, HSS4, sets forth the Agency’s outgoing mail process, and a Certification from Camthie Phan, HSS2, states that she followed the Agency’s outgoing mail procedures by placing the outgoing notice in an envelope in the outgoing mailbox near her desk on October 11, 2024. (R-5, R-6.)

J.D. testified that she never received the renewal notification, that she only received the termination notification. She marked the termination notification as “Rcv’d 11-22-2024 4 pm”. (P-2.) Upon receipt of the termination notification, she faxed in the request for a fair hearing almost immediately. (P-2.) After submission of the request for a fair hearing in November 2025, J.D. received a Request for Information (RFI), dated January 27, 2025 (RFI #1). (P-1 at 1.) RFI #1 requested two items: (1) Completion of an ABD Medicaid Redetermination Application; and (2) quarterly bank statements for the account where B.C.’s monthly Social Security benefits are deposited (January 2024, April 2024, July 2024, and October 2024), and a current statement. (P-1 at 1.) The due date on RFI #1 was February 27, 2025. (P-1 at 1.) J.D. completed the Application on or about February 10, 2025, and it was submitted to the Agency by B.C.’s counsel on February 25, 2025, along with various bank statements in response to RFI #1 within the ninety-day reconsideration period.<sup>2</sup> (P-1 at 4-8, and P-1 at 2-3.)

Subsequently, J.D. received a second RFI, dated March 5, 2025, (RFI #2) with a due date of March 19, 2025, stating:

---

<sup>1</sup> Details about the alleged missing verifications was not testified to or provided to the petitioner or his counsel.

<sup>2</sup> Copies of the bank statements were not provided to this Tribunal for review and consideration.

Per the OceanFirst bank statements acct ending #1971 there were numerous transfers to accounts ending in #2467 & #7971 verification of who those accounts belong to is needed; if the accounts belong to [B.C.] quarterly statements will be needed for the following months listed: 1/2024; 4/2024; 7/2024; 10/2024 and current statement complete and unaltered with all pages; and if the accounts do not belong to B.C. the first page of the account is needed to show who is the owner of the account. [sic]

(P-1 at 9.)

On March 19, 2025, B.C.'s counsel sent three separate emails to the Agency attaching various bank statements in response to RFI #2, dated March 5, 2025.<sup>3</sup> (P-1 at 10-14.)

On April 24, 2025, B.C.'s counsel sent an email to Charles Gavin Opperman, Esq., Assistant General Counsel to the Camden County Board of Social Services, inquiring about the status of the Application as no new "pending" letters had been issued since B.C.'s submission on March 19, 2025. (P-1 at 15-19.) Harris was included on the email chain and indicated that she would contact B.C.'s counsel to discuss her findings.

On April 28, 2025, the Agency sent a third RFI (RFI #3) requesting the following information: (1) PA-5 form completed and signed by B.C.'s doctor; (2) letter from the Social Security Administration (SSA) explaining why the Supplemental Security Income (SSI) terminated for B.C.; (3) parents' income verification from current employers; and (4) parents' quarterly bank statements for all resources for specific months. (P-1 at 32-33.) The due date for this information was May 12, 2025. (P-1 at 32-33.) On May 12, 2025, B.C.'s counsel sent an email to the Agency attaching various documents.<sup>4</sup> (P-1 at 34-40.) In the email, dated May 12, 2025, B.C.'s counsel indicated that the requested documents are attached, and reiterated that some bank statements were previously provided. (P-1 at 34.) B.C.'s counsel also requested additional time to provide the PA-5

---

<sup>3</sup> Copies of the bank statements were not provided to this Tribunal for review and consideration.

<sup>4</sup> Copies of the attached documents were not provided to this Tribunal for review and consideration.

form as it had been provided to B.C.'s physician and despite follow-up inquiries, it had not yet been returned. (P-1 at 34.)

On June 2, 2025, the Agency sent a fourth RFI (RFI #4) requesting that the PA-5 form completed and signed by B.C.'s doctor and a letter from the SSA explaining why the SSI terminated for B.C. (P-1 at 41.) The due date for this information was June 16, 2025. (P-1 at 41.) On June 16, 2025, B.C.'s counsel sent an email to the Agency enclosing the completed and signed PA-5 form<sup>5</sup> and indicating that the letter from SSA was forthcoming after multiple phone calls with the SSA. (P-1 at 49-50.) B.C.'s counsel also indicated that the information was much of the same as that which was contained in the prior correspondence that was provided to the Agency from the SSA. (P-1 at 49-50.) On June 20, 2025, B.C.'s counsel sent an email attaching the letter from the SSA.<sup>6</sup> (P-1 at 51-53.)

One month later, the Agency sent a fifth RFI, dated July 24, 2025, (RFI #5) with the following requests:

1. [B.C.] may need Medicaid Managed Long Term Services and Supports (MLTSS). If so, you must contact his HMO and let them know that you wish to have an MLTSS evaluation done. Once the evaluation is done, they will let us know if he is eligible for the MLTSS program.
2. We noticed on Ms. [J.D.'s] pay stubs that she has \$250 biweekly transferred to an account ending in #5082. We were never given these statements. Please provide all pages of the following monthly statements for account #5082:

January 2024, April 2024, July 2024, October 2024, January 2025, February 2025 and March 2025. All pages of these statements must be complete and unaltered.

3. If the family has any additional accounts (i.e. checking, savings, 401Ks, stocks, bonds, etc.) that they have not provided to us previously, please be certain that they provide them by the due date of 08/07/2025. The same statement months as mentioned above for account #5082 must be provided for these other accounts.

---

<sup>5</sup> A copy of the PA-5 form was not provided to this Tribunal for review and consideration.

<sup>6</sup> A copy of the PA-5 form was not provided to this Tribunal for review and consideration.

On August 4, 2025, J.D. sent an email to the Agency explaining that the eTrade – Morgan Stanley account number ending in 4589 had changed to 5082 and the statements for account ending in 5082 were previously provided. (P-1 at 56-57.) She also attached statements for the prior account number ending in 4589.<sup>7</sup> (P-1 at 56-57.) Harris testified that the Agency never received the email dated August 4, 2025, however, J.D. provided this Tribunal with a copy of the automated response received from the Agency in response to her email. (P-3.) Harris further testified that had the Agency received the email on August 4, 2025, and it contained all the documents requested, then B.C.'s Application would have been processed.

**I FURTHER FIND as FACT:**

1. The Agency followed the proper mailing procedures for the mailing of the original renewal notice, dated October 11, 2024, to B.C. satisfying the four-prong test set forth in SSI Medical Services, Inc. v. Div. of Medical Assistance and Health Services, 146 N.J. 614 (1996).
2. B.C. through counsel submitted the renewal application on February 25, 2025, eighty-seven days from the coverage end date listed on the termination letter dated November 19, 2024. (P-1, at 2-3, R-2.)
3. B.C. through counsel timely provided all documentation requested after each RFI was issued, and kept the Agency informed at all times of delays caused by third parties outside the control of B.C. or his counsel.
4. No deficiency letters were provided to the petitioner, however, RFI #4 dated June 2, 2025, did again request a letter from the SSA and a completed and signed PA-5 form. Both items relied upon a third party to provide the documents.

---

<sup>7</sup> Copies of the referenced statements were not provided to this Tribunal for review and consideration.

5. The Agency was in receipt of J.D.'s email, dated August 4, 2025.

### **LEGAL ANALYSIS AND CONCLUSION**

The Medicaid program is a cooperative Federal-State venture established as 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." L.M. v. Division of Medical Assistance & Health Services, 140 N.J. 480, 484 (1995) (citations omitted).

DMAHS and the Commissioner of the Department of Human Services are required by the regulations to establish policy and procedures for the Medicaid application process and supervise the operation of, and compliance with, the policy and procedures. N.J.A.C. 10:71-2.2(b). DMAHS is required to manage the State's Medicaid program in a fiscally responsible manner, considering the public's interest in "increasing social demands for limited public resources." Dougherty v. Dept. of Human Services, Div. of Medical Assistance & Health Services, 91 N.J. 1, 10 (1982). The local County Welfare Agency (CWA) is charged with the responsibility of evaluating a Medicaid applicant's eligibility. N.J.A.C. 10:71-2.2(c); N.J.A.C. 10:71-3.15.

A Medicaid applicant must satisfy all legal requirements to be found financially and clinically eligible for Medicaid. N.J.A.C. 10:71-3.1. Both the CWA and the applicant have responsibilities regarding the application process. N.J.A.C. 10:71-2.2. A Medicaid applicant shall complete the required application forms; assist the CWA in securing evidence that corroborates the statements contained in the application; and promptly report any changes affecting the applicant's circumstances. N.J.A.C. 10:71-2.2(e), N.J.A.C. 10:71-3.1. The CWA exercises direct responsibility in the application process to: inform applicants about the process and eligibility requirements and their right to a fair hearing; receive applications; assist applicants in exploring their eligibility; make known the appropriate resources and services; assure the prompt accurate submission of data; and promptly notify applicants of eligibility or ineligibility. N.J.A.C. 10:71-2.2(c) and (d).

The primary source of the information to be provided comes the individual making the application for Medicaid. N.J.A.C. 10:71-1.6(a)(2). The CWA is responsible for rendering its determination of eligibility and utilizing secondary sources, when necessary. N.J.A.C. 10:71-1.6(a)(2). The CWA is not limited in utilizing secondary sources. It is required to verify the value of an applicant's resources through appropriate and credible sources, and if questioning the applicant's verifications, or if the CWA believes the identification of resources is incomplete, the CWA "shall verify the applicant's resource statements through one or more third parties." N.J.A.C. 10:71-4.1(d)(3). The CWA must act reasonably in providing notice of alternative documents sought and when seeking alternative verifications. N.J.A.C. 10:71-1.6(a)(2); N.J.A.C. 10:71-2.10. State agencies "must turn square corners" when exercising their statutory responsibilities when dealing with members of the public. W.V. Pangborne & Co. v. N.J. Dept. of Transportation, 116 N.J. 543, 561-562 (1989).

A CWA has forty-five days to process an application for the aged who are seeking Medicaid, and ninety days to process an application for the blind and disabled. N.J.A.C. 10:71-2.3(a); N.J.A.C. 10:71-3.9(a)(1). The timeframe may be extended when "documented exceptional circumstances arise" preventing the processing of the application within the prescribed time limits. N.J.A.C. 10:71-2.3(c). The CWA's decision to grant an extension beyond the designated time period is discretionary, not mandatory, and the CWA must 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 have reasonably been avoided; or;
4. Circumstances wholly outside the control of both the applicant and CWA.

N.J.A.C. 10-71-2.3; S.D. vs. DMAHS and Bergen County Board of Social Services, No A-5911-10 (App. Div. February 22, 2013).

The petitioner's first argument is that the respondent cannot demonstrate that it properly mailed the renewal notice, and that the subsequent Certifications provided by the respondent only create a rebuttable presumption that was overcome by the testimony of J.D. at the hearing. The operative case cited by the petitioner, SSI Medical Services, Inc. v. Div. of Medical Assistance and Health Services, supra., states that it has been recognized in New Jersey that mail that is properly addressed, stamped, and posted was received by the party to whom it was addressed. *Id.* at 621. In order for that presumption to carry, the mailing party must satisfy a four-prong test: (1) the mailing was correctly addressed; (2) proper postage was affixed; (3) the return address was correct; and (4) the mailing was deposited in a proper receptacle or at the post office. While it is acknowledged that J.D. credibly testified that she had not received the renewal notice, the Certifications supplied by the Agency satisfy the four-prong test set forth above.

Therefore, I **CONCLUDE** that because the four-prong test has been satisfied by the respondent, the renewal notice, dated October 11, 2024, was properly mailed by the respondent and thus is deemed received by the petitioner. Despite being deemed received by the petitioner, this Tribunal notes that it is aware that inaccuracies can occur in mail delivery (i.e. delivered to wrong address, unexplainably lost, etc.) due to no fault of either the mailing or the receiving party, and additionally, mail can also accidentally be discarded by the recipient if mixed in with "junk mail". While purely speculation, it is likely that one of these scenarios occurred in this matter.

The petitioner's second argument is that the respondent failed to properly assist B.C.'s mother. The respondent's position is that it never received the email, dated August 4, 2025, from the petitioner's mother, however, the petitioner's mother provided this Tribunal with a copy of the automated response received from the respondent in response to her email. (P-3.) Based on a review of the automated response provided, I

**CONCLUDE** that because the respondent was in receipt of the petitioner's mother's email, dated August 4, 2025, and it is required to consider the information attached thereto because it was timely submitted.

The petitioner further argues that through his mother and counsel there has been constant back and forth communication with the respondent from February 2025 through August 2025, in which all information and documents requested by the respondent were timely provided but the respondent failed to consider them instead standing by its original termination letter. No additional official termination or denial notice was provided to the petitioner reaffirming the termination and no deficiency letters were provided, thus the petitioner relied upon and perceived that the seven months of back-and-forth communication with the respondent meant that the Application was still in "alive". The respondent asserts that "the reconsideration period has no bearing on this termination" as the Application and all exhibits provided by the petitioner in this matter post-date the termination notice sent in November 2024.

This Tribunal acknowledges that the Application and verifications were not provided to the respondent until February 2025, just shy of three months after the original deadline. However, notwithstanding that the Application was not submitted within the original window provided by the respondent, the termination notice itself provides for the renewal application to be submitted within ninety days of the Coverage End Date for consideration, or else the petitioner would need to reapply. Specifically, it states, "If you would like to return the renewal/Request for Information form that we sent you earlier, we can still see if you qualify for NJ FamilyCare/Medicaid. If we do not receive the information within 90 days from the Coverage End Date above and you still want health care coverage, you will have to re-apply." Based on the language contained within the termination notice, this is not considered a new application if it is submitted within the ninety-day window, as was the case in this matter. Rather it suggests that it relates back to the original request for a **renewal** application to be completed and submitted. Additionally, to say that other verifications have not been provided may not be accurate. This Tribunal did not have the opportunity to review all attachments provided to the

respondent, however, because a deficiency letter was never sent by the respondent, it stands to reason that the documents provided to the respondent were satisfactory.

Therefore, I **CONCLUDE** that the respondent is required to review and process the application as a renewal application and to consider all documents and information that have been provided to the respondent in response to the multiple RFIs that have transpired over more than seven months. If the petitioner disagrees with that eligibility determination, he would have the same right to request a fair hearing on that determination.

### **ORDER**

Based on the foregoing, it is **ORDERED** that this matter be remanded to the respondent to review and process the renewal application as well as to review all of documents and information provided by the petitioner in response to the multiple RFIs and then issue a written eligibility determination on the Application pending since February 2025.

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.



March 4, 2026 \_\_\_\_\_

DATE

\_\_\_\_\_  
**REBECCA C. LAFFERTY, ALJ**

Date Received at Agency: \_\_\_\_\_

Date Mailed to Parties: \_\_\_\_\_

RCL/tat

**APPENDIX**

**WITNESSES**

**For petitioner**

J.D., petitioner's mother

**For respondent**

Botoyna Harris, Human Service Specialist 3

**EXHIBITS**

**For petitioner<sup>8</sup>**

P-1 Fair Hearing Packet

Pg. 1 Request for Information, dated January 27, 2025

Pgs. 2-3 Email from the petitioner's counsel to the respondent, dated February 25, 2025 (attaching Medicaid Renewal Application and thirteen bank statements)

Pgs. 4-8 Petitioner's NJ FamilyCare Renewal Application, dated February 10, 2025

Pg. 9 Request for Information, dated March 5, 2025

Pgs. 10-14 Emails (2) from the petitioner's counsel to the respondent, dated March 19, 2025 (attaching various bank statements)

Pgs. 15-31 Email exchanges with Assistant General Counsel to the respondent, dated April 24, 2025, attaching prior emails and attachments, and an email from the respondent, dated April 24, 2025

---

<sup>8</sup> The respondent objected to all of the petitioner's exhibits because all the documents were dated after the November 30, 2024, termination of benefits and thus were only relevant to the reconsideration period and not the original termination. This Tribunal heard arguments from both sides at the time of the hearing and reserved decision. The petitioner's position was that the reconsideration relates back to the original renewal application and thus they are linked together and intertwined. After further review and consideration this Tribunal has admitted all the documents submitted on behalf of the petitioner for due and appropriate consideration.

- Pgs. 32-33 Request for Information, dated April 28, 2025
- Pgs. 34-40 Email from the petitioner's counsel to the respondent, dated May 12, 2025 (attaching various documents)
- Pg. 41 Request for Information, dated June 2, 2025
- Pgs. 42-48 Email exchange with respondent, dated June 9, 2025
- Pgs. 49-50 Email from the petitioner's counsel to the respondent, dated June 16, 2025 (attaching a document)
- Pgs. 51-53 Email from the petitioner's counsel to the respondent, dated June 20, 2025 (attaching a document)
- Pgs. 54-55 Request for Information, dated July 24, 2025
- Pgs. 56-57 Email from the petitioner's DAR to the respondent, dated August 4, 2025, with explanation of E-Trade – Morgan Stanley account number changes
  
- P-2<sup>9</sup> Petitioner's fair hearing request
- P-3<sup>10</sup> Email from the petitioner's DAR to petitioner's counsel forwarding confirmation email from the respondent
  
- P-4 Email exchange between petitioner's counsel and the respondent

**For respondent<sup>11</sup>**

- R-1 Notification to renew Medicaid benefits, dated October 11, 2024
- R-2 Notification of termination of Medicaid benefits, dated November 19, 2024
- R-3 Medicaid Communication No. 23-03, dated March 27, 2023
- R-4 Fair Hearing transmittal, date stamped December 19, 2024
- R-5 Certification of Cynthia Montanez, dated January 15, 2026
- R-6 Certification of Camthie Phan, dated January 15, 2026
- R-7 Intra-agency email chain

---

<sup>9</sup> Exhibit P-2 was submitted separately on the date of the hearing.

<sup>10</sup> Exhibits P-3 and P-4 were submitted with the petitioner's summation.

<sup>11</sup> Exhibits R-5 through R-9 were submitted in response to the Tribunal's request for information and documents.

R-8 RFI, dated January 27, 2025

R-9 Renewal Application, dated February 10, 2025