



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 21026-25

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

C.G. _____

Petitioner,

v.

OCEAN COUNTY BOARD OF
SOCIAL SERVICES

Respondent.

For petitioner: D.G. (Mother of Petitioner on behalf of petitioner)

For respondent: Susan McCoy Human Services Specialist 3, for respondent, pursuant to N.J.A.C. 1:1-5.4(a)(3)

BEFORE: Jacob S. Gertsman, 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):

The Board sent a Request for Information (RFI) on September 3, 2025, stating that the monthly income provided could not be electronically verified. The letter requested that the petitioner provide a copy of her most recent pay stub or other proof showing gross income (before deductions) and how often paid. (R-2)

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

1. C.G. submitted a New Jersey Family Care application on August 28, 2025, for a household of three. (R-14-23)
2. The RFI sent to C.G. by the Board on September 3, 2025, stated that the monthly income provided could not be electronically verified. The letter requested that C.G. provide a copy of her most recent pay stub or other proof showing gross income (before deductions) and how often paid. Examples of acceptable proof of income include, but are not limited to:
 - Letter from employer (must be on company letterhead) showing name, most current wages, and how often paid.
 - Prior year's tax return, including tax deductions and accompanying schedules (profit and loss statements).
 - Written explanation explaining changes in income. (R-2)
3. On September 11, 2025, C.G. submitted a letter to the Board stating that: she gave birth prematurely on August 22, 2025; her last day of work was on August 15, 2025; she did not have a return to work date and did not know what her future salary would be; she would be applying for disability but had not applied yet. (R-4)
4. On September 30, 2025, C.G. and her mother D.G. spoke to Christine Blake, from the Board who informed them that C.G.'s written explanation was insufficient. C.G. was told that her employer needed to provide her anticipated return to work date and her salary, in order to verify her monthly income. C.G. and D.G. stated that they were unable to obtain that information.
5. The Board denied C.G.'s application on September 30, 2025. (R-10-13)

I **CONCLUDE** that C.G.'s September 11, 2025, written explanation was insufficient and was not responsive to the request for information. I **FURTHER CONCLUDE** that the Board provided C.G. with another opportunity to provide the requested verifications on September 30, 2025, and her explanation for her failure to do so was insufficient.

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.

April 15, 2026
DATE



Jacob S. Gertsman, ALJ
04/14/2026

Date Record Closed: _____

Date Filed with Agency: _____

Date Sent to Parties: _____

APPENDIX

Witnesses

For Petitioner:

D.G.

For Respondent:

Susan McCoy, Human Services Specialist 3 - Ocean County Board of Social Services

Christine Blake, Human Services Specialist 2 - Ocean County Board of Social Services

Exhibits

For Petitioner:

None

For Respondent:

- R-1 Case Summary
- R-2 to R-3 Request for Information Letter
- R-4 C.G. Written Statement
- R-5 - R-8 Dove Income Standards Sheet
- R-10 - R-13 Denial Letter
- R-14 - R-23 NJ FamilyCare Application