State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 04196-26

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

C.L.

Petitioner,

v.

MONMOUTH COUNTY
DIVISION OF SOCIAL SERVICES,

Respondent.

For petitioner: Michael Heinemann, Esq.

For respondent: Kenneth Mantila, Fair Hearing Liaison

BEFORE: MARY ANN BOGAN, 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):

Failure to verify the following items: proceeds of the sale of a condominium totaling $135,293.58; closing balance of life insurance policy totaling $50,589.84; and other life insurance policy proceeds; divorce decree; bank statements for Wells Fargo (WF) account; WF deposits totaling $41,086 and $67,946.79; documentation supporting verification for other bank deposits; and verification of account ownership.

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's Designated Authorized Representative (DAR) submitted a Medicaid application on April 30, 2025. The agency first served a request for verification (RFI) on December 16, 2025 (more than seven months after the filing of the application). The agency did not receive any of the requested verifications and on January 7, 2026, sent a denial notice. The agency did not explain its delay or communicate with the DAR even though the agency and the DAR have an established working relationship. In addition, the DAR credibly testified that she never received the RFI, even though she kept in touch with the agency, checked the portal, and regularly handles files with this agency. The agency acknowledged that the DAR contacted the agency on January 13, 2026 and stated the RFI was never received.

The caseworker and the petitioner had a duty to communicate regarding the pending application. The agency failed to communicate about the pending application that was delayed without explanation for seven months and did not send written notification to the DAR about the agency's delay. N.J.A.C. 10:71-2.3 (c); N.J.A.C. 10:71-2.3; N.J.A.C. 10:71-2.3 (c).

I **CONCLUDE** the agency shall reissue the RFI, provide the petitioner with an extended time to submit responsive documents consistent with the regulations. After that the agency shall make a new eligibility determination.

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.

09/10/2026
DATE

MARY ANN BOGAN , ALJ

Date Record Closed: 08/26/2026

Date Filed with Agency:

Date Sent to Parties:

APPENDIX

Witnesses

For Petitioner:

Rivka Gross, Designated Authorized Representative

For Respondent:

Changyou Yu, Human Services Specialist 4

Exhibits

For Petitioner:

P-1 Emails

For Respondent:

R-1 Application
R-2 RFI letter
R-3 Denial letter and outstanding verification list
R-4 N.J.A.C. 10:71-2.2(e)