State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 08145-26
AGENCY DKT. NO. NA

D.B.,
Petitioner,
v.
BURLINGTON COUNTY BOARD OF SOCIAL SERVICES,
Respondent.

Betty Ann Walker, Designated Authorized Representative, for petitioner, under N.J.A.C. 1:10B-5.1

Denise Gamble, Paralegal Specialist, for respondent, under N.J.A.C. 1:1-5.4(a)(3)

Record Closed: August 20, 2026 Decided: September 10, 2026

BEFORE **SAMANTHA L. PRICE,** ALJ:

STATEMENT OF THE CASE

On September 25, 2025, petitioner, D.B., applied to respondent, the Burlington County Board of Social Services (Burlington County), for Medicaid. On January 15, 2026, Burlington County requested information. On January 28, 2026; March 5, 2026; and March 11, 2026, D.B. provided responses to the request for information. Must Burlington

process the application? Yes. The County Social Services Agency (CSSA) must process a Medicaid Only application to determine eligibility upon receipt of the application forms and any requested information. N.J.A.C. 10:71-2.2(c)(3).

PROCEDURAL HISTORY

On September 25, 2025, D.B. applied to Burlington County for the Medicaid Only program. On January 15, 2026, Burlington County requested information. On January 28, 2026; March 5, 2026; and March 11, 2026, D.B. provided the information.

On April 15, 2026, Burlington County denied D.B.'s application for Medicaid because it determined that D.B. failed to provide requested information required to determine eligibility.

On May 4, 2026, D.B. appealed the determination.

On May 22, 2026, the Division of Medical Assistance and Health Services (DMAHS) transmitted this case to the Office of Administrative Law as a contested case under the Administrative Procedure Act, N.J.S.A. 52:14B-1 to -15, and the act establishing the office, N.J.S.A. 52:14F-1 to -23, for a hearing under the Uniform Administrative Procedure Rules, N.J.A.C. 1:1-1.1 to -21.6.

On August 20, 2026, I held the hearing and closed the record.

FINDINGS OF FACT

Based upon the testimony the parties provided and my assessment of their credibility, together with the documents the parties submitted and my assessment of their sufficiency, I **FIND** the following as **FACT**:

On September 25, 2025, Betty Ann Walker, D.B.'s Designated Authorized Representative (DAR), applied for Medicaid Only benefits on D.B.'s behalf. Burlington County received and registered the application on October 3, 2025, and assigned the

application to David Smolenski for review. Smolenski is assigned to the Adult Medicaid Unit and has processed Medicaid applications for over ten years.

Given the number of documents submitted with the application, Smolenski took several months to review the application. On January 15, 2026, he determined additional documents were needed to verify the information provided in the application and sent Walker a Request for Information (RFI). In the RFI, Smolenski requested nineteen separate verification requests, including but not limited to bank statements from a PNC checking account ending in 0976, along with a written explanation of any large withdrawals and deposits over $2,000. The RFI included a list of thirty-four specific transactions from PNC account 0976 requiring additional verification. In addition, the RFI requested bank statements from a PNC money market account ending in 2656, along with written explanations and verifications for an additional list of four transactions. The RFI directed D.B. to respond to the requests for information by January 29, 2026.

On January 28, 2026, Walker responded on D.B.'s behalf, providing hundreds of pages of documents, including the requested bank statements and handwritten ledgers for PNC accounts 2656 and 0976 indicating the source of the deposits and withdrawals for the specific transactions requested. Specifically, the handwritten ledger submission for PNC account 0976 includes an entry for the August 15, 2022, deposit in the amount of $23,990.41, and the source as an "inheritance from stepmother." The handwritten ledger submission for PNC account 2656 includes an entry for the October 4, 2023, deposit in the amount of $18,000 and lists the source as "inheritance from stepmom estate." Included with the January 28, 2026, submission is an email from A.M., D.B.'s daughter, to Walker dated January 27, 2026, stating that several deposits from PNC account 0976, such as the $23,990.41 deposit, were beyond what they were able to recover from the electronic statements.

On March 5, 2026, Walker emailed Smolenski asking if he had reviewed the documents she submitted and whether he needed any additional documents. Smolenski replied that he had not yet had a chance to review the documents and that it would be several more weeks before he would get to it. Also on that date, Walker sent Smolenski two additional sets of documents responsive to the RFI.

On March 11, 2026, Walker sent a fourth set of documents to Smolenski with updated bank statements that were not available at the time of her January 28, 2026, submission.

On April 14, 2026, Walker again emailed Smolenski to inquire about the status of the application. Smolenski replied that the application was pending supervisor review. At no time following the RFI did Smolenski communicate with Walker or K.B., D.B.'s spouse, to request clarification on any of the documents submitted or to request subsequent information needed to complete his review.

The following day, April 15, 2026, Burlington County denied D.B.'s application for failing to provide the requested information. The denial notice did not identify which requested documents were missing. K.B. contacted Smolenski after receiving the denial letter to determine why Burlington County denied the application.

On April 30, 2026, Smolenski explained to K.B. that there were two large deposits that did not have sufficient verifications: a $23,990.41 deposit into PNC account 0976 and an $18,000 deposit into PNC account 2656, which were the only two items that caused the denial of D.B.'s application.

Had Burlington County informed Walker or K.B. that the verifications for the two identified deposits were insufficient, Walker would have been able to provide additional verification within a short time frame. In fact, on May 6, 2026, only three weeks after the denial of the first application, D.B. submitted a second application, which included the requested additional verification for those two deposits.

On August 18, 2026, Burlington County approved the application.

CONCLUSIONS OF LAW

DMAHS is responsible for coordinating the administration of the Medicaid Only program and establishing policies for the application process. N.J.A.C. 10:71-2.2(a) and

N.J.A.C. 10:71-2.2(b). The CSSA is responsible for the application process, including informing applicants about the purpose and eligibility requirements for Medicaid Only and assisting applicants in exploring their eligibility for Medicaid. N.J.A.C. 10:71-2.2(c)(1) and (3). A Medicaid applicant must complete any forms required as part of the application process and assist the CSSA in securing evidence that corroborates his or her statements. N.J.A.C. 10:71-2.2(e)(1) and (2).

The maximum time to process an application for the aged is forty-five days. N.J.A.C. 10:71-2.3(a). Exceptions, however, exist. The CSSA can extend the processing of the application where it has been determined that the applicant's proof of eligibility is inconclusive and the applicant should be given a further opportunity to develop additional evidence of eligibility before final action is taken on his or her application. N.J.A.C. 10:71-2.3(c). The CSSA can send an additional RFI letter if the applicant's response to the first RFI prompts the need for additional outreach, and an extension of time should be provided if the applicant continues to cooperate in good faith with the agency. Medicaid Communication No. 22-04. The federal regulations also provide an exception that allows the agency to accept the self-attestation of individuals when documents do not exist or are not reasonably available at the time of the application. 42 C.F.R. 435.952(c)(3) (2025).

In this case, Burlington County argues that D.B. did not provide the requested information to process the Medicaid application because Walker failed to provide sufficient verification of two large deposits from the stepmother's estate. Walker, however, provided a handwritten ledger explaining the source of the two deposits, in addition to an email from D.B.'s daughter stating that they were having difficulty obtaining the electronic statements due to the age of the deposits. If Burlington County believed that the documentation provided in response to the RFI was inadequate or unclear, then Burlington County had the affirmative duty to communicate that to Walker, which Burlington County did not.

Based on Walker's extensive and timely responses to all other requests for verification and the quick turnaround time in providing the verifications as part of the new application, had Burlington County communicated with Walker regarding the deficiency,

she would have promptly responded to any additional request, but Burlington County did not afford her that opportunity.

Since Walker provided a substantial number of documents in response to the RFI and Burlington County never communicated to Walker that the documentation provided in response to the RFI was insufficient or unclear, I **CONCLUDE** that Burlington County must **PROCESS** the Medicaid Only application to determine eligibility under N.J.A.C. 10:71.

ORDER

Given my findings of fact and conclusions of law, I **ORDER** that 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.

September 10, 2026
DATE

SAMANTHA L. PRICE, ALJ

Date Received at Agency: _____

Date Mailed to Parties: _____

SLP/onl

APPENDIX

Witnesses

For petitioner

K.B.

For respondent

David Smolenski, Human Services Specialist 3

Exhibits

For petitioner

P-2 D.B.'s Application for Medicaid and Enclosing Letter, dated September 25, 2026

P-4 D.B.'s response to the Request for Information with enclosed documents, dated January 28, 2026

P-5 Email chain between Walker and Smolenski, dated March 5, 2026

P-6 Letter in response to Request for Information with enclosed documents, dated March 5, 2026

P-7 Letter in response to Request for Information with enclosed documents, dated March 5, 2026

P-8 Letter in response to Request for Information with enclosed documents, dated March 11, 2026

P-9 Email chain between Walker and Smolenski, dated April 14, 2026

P-10 Notice of Denial, dated April 15, 2026

For respondent

R-A D.B.'s Application for Medicaid, dated September 25, 2025

R-B Request for Information, dated January 15, 2026, and D.B.'s Response to the Request for Information, dated January 28, 2026

R-C Email chain between Walker and Smolenski, dated March 5, 2026, and Additional Responses to the Request for Information, dated March 5, 2026, and March 11, 2026

R-D Email chain between Walker and Smolenski, dated April 14, 2026, and Notice of Denial, dated April 15, 2026

The nonsequential numbering of exhibits reflects the fact that some pre-marked exhibits were neither identified nor offered into evidence.