State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 00072-26
AGENCY DKT. NO. N/A

New Jersey Care ...Special Medicaid
Failure to Verify Eligibility Appeal

J.C.,

Petitioner,

v.

HUDSON COUNTY DEPARTMENT OF FAMILY SERVICES,

Respondent.

For petitioner: **Sarah Finkel,** (Future Care Consultants), Designated Authorized Representative

For Respondent: **Bethania Peguero**, ABD Medicaid Supervisor, pursuant to N.J.A.C. 1:1-5.4 (a)(3)

Record closed: April 27, 2026 Decided: April 28, 2026

BEFORE **JULIO C. MOREJON,** ALJ:

STATEMENT OF THE CASE

Petitioner, J.C., appeals Respondent, Hudson County Department of Family Services ("Hudson County"), termination of Petitioner's Special Medicaid application for failure to provide the requested information in a timely manner as required under 42 CFR 435.916 and 42 CFR 435.952:

PROCEDURAL HISTORY

Petitioner is a Special Medicaid recipient under the New Jersey Family Care, Aged, Blind, Disabled Programs ("NJ ABD"). On November 20, 2024, Hudson County mailed a Medicaid renewal letter to Petitioner's home address and to Future Care Consultant. (R-5 and R-5A). The renewal letters informed Petitioner that her Medicaid renewal application was due December 20, 2024. Id.

On February 28, 2025, Hudson County mailed a Medicaid renewal application to Petitioner. On March 13, 2025, Petitioner submitted a NJ ABD Medicaid Application (R-6) ("Special Medicaid application". Hudson County then mailed Request for Information letters to Petitioner Future Care Consultants on February 28, 2025 (R-3), May 19, 2025 (R-4), and October 6, 2025 (R-2), regarding additional information needed to complete Petitioner's Special Medicaid application. Some, but not all of the requested information was provided.

On August 15, 2025, Hudson County notified Petitioner that it was terminating her Special Medicaid application on August 31, 2025 (R-1) ("Coverage End Date"), for failure to provide the following evidence of eligibility as required under 42 CFR 435.916 and 42 CFR 435.952:

> Personal Needs Allowance ("PNA"); QIT statements for TD Bank accounts ending in 3673, and 1441, for time period 1/31/2024 to 1/31/2025, (or proof of closure); current pension statement/proof where pension is deposited and statement for the said account for the time period 1/31/2024 to 1/31/2025.

Petitioner was provided ninety (90) days from August 31, 2025, to submit the requested information. Id.

On October 10, 2025, Sarah Finkel, of Future Care Consultants, as Petitioner's Designated Authorized Representative ("DAR"), submitted a request for a Fair Hearing to the Division of Medical Assistance and Health Services ("DMAHS"). On December 23, 2025, DMAHS, forwarded this matter to the Office of Administrative Law ("OAL"), as a contested matter.

This matter was initially scheduled for telephonic hearing on February 11, 2026, and was adjourned at the request of the DAR. This matter was then rescheduled for a telephonic hearing on March 16, 2026, and adjourned a second time at the request of the DAR. This matter was then scheduled for a preemptory telephonic hearing on April 27, 2026.

A telephonic hearing was conducted on April 27, 2026. The DAR and a witness, Shalpa Bitran (Bitran), Medicaid Specialist at Future Care Consultants, appeared on behalf of Petitioner. Bethania Peguero (Peguero), ABD Medicaid Supervisor, appeared for Hudson County.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

I.

The Designation of Authorized Representative Form ("DAR Form") which authorized the DAR to represent Petitioner with respect to this matter did not contain Petitioner's initials and signature as required. The Form contained the initials "A.M." and an unrecognizable signature that was dated August 25, 2025. (OAL-1)

The DAR Form states: "This form has no effect unless witnessed and signed by the person granting authority and the Authorized Representative or an agent of the company appointed to be the Authorized Representative." Id.

The DAR could not produce a Power of Attorney from Petitioner authorizing "A.M." to execute the DAR Form on behalf of Petitioner. The DAR did not know who executed the DAR Form on behalf of Petitioner. Hudson County did not have a Power of Attorney on file and did not know the name of the individual who executed the DAR Form.

I **FIND** that Petitioner or the DAR, Petitioner's representative is **NOT AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that Petitioner has **NO STANDING** to pursue this appeal.

II.

Notwithstanding that Petitioner and the DAR are not authorized to pursue this appeal, I **FIND** that Petitioner did not timely provide all the required documentation requested by Hudson County in the Request for Information letters mailed to Petitioner at Future Care Consultants on February 28, 2025 (R-3), May 19, 2025 (R-4), and October 6, 2025 (R-2).

I **FIND** that no exceptional circumstances exist under 42 CFR 435.952(a)(3) for Petitioner's failure to provide the documents requested by Hudson County. I **FIND** that Petitioner did not provide the required documentation withing 90 days of the Coverage End Date under 42 CFR 435.916(b)(2)(iii).

Therefore, I **CONCLUDE** that Petitioner's Special Medicaid application must be **DENIED** under 42 CFR 435.916 and 42 CFR 435.952:

ORDER

I **ORDER** that Petitioner's appeal is **DENIED** because Petitioner has **NO STANDING,** and I **ORDER** that Petitioner's Special Medicaid application is **DENIED** under 42 CFR 435.916 and 42 CFR 435.952.

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 28, 2026 — Julio Morejon

DATE — **JULIO C. MOREJON**, ALJ

Date Record Closed: April 28, 2026

Date Filed with Agency: April 28, 2026

Date sent to Parties: April 28, 2026

JCM/lr

APPENDIX

Witnesses

For Petitioner:

Sarah Finkle

Shalpa Bitran

For Respondent :

Bethania Peguero

Exhibits

For Petitioner:

NONE

For Respondent:

R-1	Termination letter dated 8/15/2025
R-2	Request for Information dated 10/6/2025
R-3	Request for Information dated 2/28/2025
R-4	Request for Information dated 5/19/2026
R-5	Medicaid Renewal letter Petitioner 11/20/2024
R-5A	Medicaid Renewal letter Future Care 11/20/2024
R-6	NJ ABD Medicaid Application

Office of Administrative Law

OAL-1	Designation of Authorized Representative Form