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DEPARTMENT OF HUMAN SERVICES
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Commissioner

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Assistant Commissioner

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

M.P.,	
PETITIONER,	**ADMINISTRATIVE ACTION**
v.	**FINAL AGENCY DECISION**
MONMOUTH COUNTY DIVISION OF SOCIAL SERVICES AND DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES,	**OAL DKT. NO. HMA 16209-2025**
RESPONDENTS.	

As Assistant Commissioner for the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision and the Office of Administrative Law (OAL) case file. No exceptions were filed in this matter. Procedurally, the time period for the Agency Head to render a Final Agency Decision is June 25, 2026.[1]

[1] The Initial Decision states that the recommended decision of the OAL, should be deemed adopted as the Final Agency Decision, pursuant to 42 U.S.C. §1396(e)(14)(A) and N.J.S.A. 52:14B-10(f) and that the Assistant Commissioner of the Division of Medical Assistance and Health Services cannot reject or modify this decision. However, the Initial Decision was rendered under a procedural deficiency, unknown to the OAL at the time of issuing the Initial Decision.

This matter arises from Monmouth County's determination to deny Medicaid benefits for emergency services Petitioner received at Jersey Shore University Medical Center (Jersey Shore) for the period of January 1, 2025, to March 13, 2025. ID at 2. Petitioner does not meet the citizenship requirements to qualify for Medicaid. Nonetheless, an employee of CBIZ KA Consulting Services, who is Petitioner's Designated Authorized Representative (DAR), is seeking to have Petitioner's hospital bills paid by Medicaid under the rules that permit individuals who are either subject to the five-year waiting period for qualified aliens or who are not qualified aliens be covered for an emergency medical condition. Under these circumstances individuals seeking emergency services must also meet financial and categorical eligibility. N.J.A.C. 10:49-5.4(a)(4).

The federal law permits federal payments to states for medical assistance provided to aliens who are not lawfully admitted to the United States for permanent residence ("undocumented aliens") when the services are "necessary for the treatment of an emergency medical condition of the alien." 42 U.S.C. §1396(v)(2)(A). The resulting federal regulation implementing 42 U.S.C. §1396(v) provides that funding is available to states for medical services rendered to undocumented aliens that are "necessary to treat an emergency medical condition." 42 CFR §440.255(a).

On June 24, 2024, Petitioner, an alien applicant, was admitted to Jersey Shore for emergency services. ID at 3. Petitioner had acute medical conditions including atrial fibrillation, renal disease, HIV, and at the time of admission Petitioner had COVID-19. Ibid. Petitioner was hospitalized for 262 days and was released on March 13, 2025. ID at 3, 4. On June 25, 2024, Petitioner completed his application for Medicaid. R-1. On the same day, Petitioner's DAR filed the first PA-1C form on behalf of Petitioner and the

hospital.[2] ID at 3. Thereafter, Petitioner's DAR filed an additional PA-1C form for each month Petitioner remained hospitalized.[3] ID at 3, 4. On September 6, 2024, Petitioner's DAR submitted Petitioner's Medicaid application, which was resubmitted on October 18, 2024, December 6, 2024, and March 7, 2025. Ibid. Petitioner's DAR also submitted the required Emergency Declaration form on December 6, 2024, and April 2, 2025. ID at 4. On June 27, 2025, Monmouth County approved Petitioner's retroactive coverage for the period of September 1, 2024, through December 31, 2024. ID at 5. Initially, coverage for June 24, 2024, through August 31, 2024, and January 1, 2025, to March 13, 2025, were denied until Monmouth County issued a corrected eligibility notice approving coverage for June 2024 through August 2024. Ibid. The corrected eligibility notice was issued because of an administrative error. Ibid. However, approval for services rendered for January 1, 2025, to March 13, 2025, remains outstanding. Ibid.

In the Initial Decision the Administrative Law Judge (ALJ) determined that it is undisputed that Petitioner was "clinically, financially and otherwise eligible for MEPP coverage for the duration of his hospitalization" and while Petitioner's hospitalization is "not typical for MEPP coverage, no legal basis exists [to subject] him to different, and, arguably, heightened, application requirements."[4] ID at 6. After consideration of the above criteria, the ALJ determined that the only issue remaining was to determine whether Petitioner complied with the application requirements. Ibid. To reach this determination, the ALJ considered steps taken by the hospital and Petitioner's DAR in submitting all necessary documentation. ID at 6, 7. More specifically, the ALJ notes that

[2] Although the Initial Decision references the hospital, this appeal is specific to Petitioner only and not on behalf of, or for the benefit of the hospital.
[3] The PA-1C preserves the applicant's filing date and allows for three months of retroactive coverage. R-3.
[4] MEPP is the acronym for the Medical Emergency Payment Program. R-1.

Petitioner's DAR submitted Petitioner's Medicaid application within three months of Petitioner's medical event and resubmitted the application every three months until Petitioner was discharged. Ibid. The ALJ also notes that Monmouth County received the PA-1C forms every month and also received the Emergency Declaration forms. ID at 7. Based on these facts, the ALJ determined that these submissions show a "good faith attempt by the hospital and DAR to comply with application requirements." Ibid. The ALJ further determined that N.J.A.C. 10:49-2.19 requires an application and does not require a new application every three months. ID at 6. As such, the ALJ concludes that Petitioner complied with the application requirements and is eligible for emergency service coverage for the period of January 2025 through March 2025. ID at 7. I agree. The ALJ's decision is well-founded in both law and fact, as the Petitioner's DAR timely submitted all relevant documentation in compliance with the applicable regulatory requirements as set forth in N.J.A.C. 10:49-2.19. However, I disagree with the determination that this emergency services case constituted a final decision not subject to further review. Such treatment is limited to specific circumstances, including failure to provide requested information, excess resources, or excess income cases. Therefore, absent one of these three exceptions, all cases must be handled in accordance with the standard established for the fair hearing process. N.J. Stat §52:14B-10.

Accordingly, and based on my review of the record, I hereby ADOPT the Initial Decision and FIND that Petitioner is eligible for emergency services for the period of January 2025 through March 2025.

THEREFORE, it is on this 25th day of JUNE 2026,

ORDERED:

That the Initial Decision is hereby ADOPTED as set forth herein.

Gregory Woods

Gregory Woods, Assistant Commissioner
Division of Medical Assistance and Health Services