State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 02409-26

Medicaid Only

Failure to Verify Eligibility Appeal

N.J.A.C. 10:71-2.2 and -2.3

V.D.

Petitioner,

v.

MIDDLESEX COUNTY BOARD OF SOCIAL SERVICES,

Respondent.

For petitioner: Esther Wunsch, LTC Ally

For respondent: Kurt Eichenlaub, Human Services Specialist 3

BEFORE: Susan McCabe, 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):

-Copy of Medicare reimbursement letter from pension fund
-Complete payment ledger from Reformed Church from date of admission to discharge date
-Complete payment ledger from The Atrium from date of admission to current date
-Deposits including check images and deposit slips
-All pages of bank statements for Wells Fargo Qualified Income Trust

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

On January 31, 2025, petitioner, V.D., applied for Medicaid.

On August 4, 2025, respondent, Middlesex County Board of Social Services (Middlesex County), sent a verification request with a deadline of August 18, 2025.

On August 22, 2025, Lindsay Anastasia, the designated authorized representative for V.D., asked Jeaninne Faitoute, V.D.'s case worker and human services specialist, for additional time to gather the bank statements from Wells Fargo and the check images. Faitoute gave Anastasia until August 25, 2025, to provide the documentation, but Anastasia failed to provide the documentation by that date. On August 26, 2025, Anastasia tried to contact Faitoute to ask for more time still but was unable to reach her. Nevertheless, on August 28, 2025, having obtained the bank statements from Wells Fargo, Anastasia forwarded them to Faitoute.

Later still, in October 2025, Anastasia also forwarded the copy of Medicare reimbursement letter from pension fund.

At the hearing, Anastasia and Faitoute agreed that V.D. timely provided some documentation but not all by August 25, 2025, the extended deadline for verification of Medicaid eligibility.

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.

June 22, 2026
DATE

Susan McCabe , ALJ

Date Record Closed: 06/15/2026

Date Filed with Agency:

Date Sent to Parties:

APPENDIX

Witnesses

For Petitioner:

Lindsay Anastasia, designated authorized representative for V.D.
Jeaninne Faitoute, human services specialist 2
Kurt Eichenlaub, human services specialist 3

For Respondent:

None

Exhibits

For Petitioner:

None

For Respondent:

R-A Medicaid Application dated January 31, 2025
R-B Notification of Eligibility dated August 28, 2025
R-D Request for Information dated August 4, 2025
R-E Request for Information with notations and bank statements dated August 4, 2025