



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 15097-25

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

C.F. _____

Petitioner,
v.
Cumberland County

Board of Social Services

Respondent.

For petitioner: C.F., pro se

For respondent: Sandi Vanculin, Fair Hearing Liaison

BEFORE: Robert D. Herman, 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):

Petitioner's two most recent paystubs (as of March 27, 2025) from his employer.

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

See attached.

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.

December 9, 2025

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:

S/RDH

Robert D. Herman , ALJ

11/19/2025

APPENDIX

Witnesses

For Petitioner:

C.F.

For Respondent:

Jeannette Torres, HSSI

Exhibits

For Petitioner:

None.

For Respondent:

- R-1 Fair Hearing Packet (nineteen pages)
- R-2 Petitioner's Fair Hearing Request (April 2025) (one page)
- R-3 Petitioner's Medicaid renewal application (February 24, 2025) (fourteen pages)

ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW

Additional Findings of Fact:

In this unusual matter, having had the opportunity to listen to the witnesses and review the admitted evidence closely, I **FIND** as follows:

On January 21, 2025, the respondent, Cumberland County Board of Social Services (the CSSA) sent petitioner a NJ FamilyCare health care coverage renewal letter and form. (R-3 at 1.) Petitioner returned the form to the CSSA on or about February 24, 2025. (*Ibid.*) In the renewal application, petitioner claimed gross monthly income of \$1,400. (Id. at 8.)

Jeanette Torres, a social worker with the CSSA, processed petitioner's application. (R-1 at 10.) On March 27, 2025, during the course of review, Ms. Torres attempted to verify petitioner's income utilizing the Department of Human Services Online Verification of Eligibility system (DOVE). (Id. at 14.) The DOVE report showed petitioner's last reported quarter, the fourth quarter 2025, gross wages as \$12,375, or \$4,125 per month. (*Ibid.*) Because of the incongruity between petitioner's self-reported gross monthly income and the fourth quarter 2025 income on the DOVE report, on March 27, 2025, Ms. Torres sent petitioner a Request for Information letter (RFI) seeking proof of monthly income. (Id. at 11.) The RFI required submission of the requested information/documents no later than April 10, 2025. (*Ibid.*) When Ms. Torres did not receive anything from petitioner, a termination letter was sent to petitioner on April 16, 2025. (R-1 at 2-5.)

Petitioner claimed that he did not receive the March 27, 2025, request for information. (R-1 at 11.) However, it is clear that petitioner received at least two documents at the same mailing address: January 21, 2025, renewal application and April 16, 2025, termination letter. (R-3; R-1 at 2-5.) Noting the latter, following its receipt, petitioner sought appeal, claiming in part, "I sent the paperwork needed before the due date [April 15, 2025]." (R-2.)

Regarding credibility, I had the opportunity to listen closely to both witnesses (Ms. Torres and C.F.). While the hearing was conducted telephonically, I was able to gauge intonation, speed of response, pitch, and such other vocal indicia of reliability in coming to my credibility determinations. Further, I was able to compare claims and factual statements by the witnesses as against those documents submitted into evidence. First, as to Ms. Torres, I **FIND** her to be credible. There was little, if any, which caused me

concern as to her veracity. I do note there were some occasions where the response failed to address the question posed; however, this appeared to be more related to misunderstanding or mishearing the question. There was nothing whatsoever that raised concern or caused pause in my determination.

As to C.F., I have questions regarding certain aspects of his testimony, and more specifically, whether he actually provided the paystubs as claimed. (R-2.) On one hand, he was able to describe in detail the physical location where he allegedly deposited them with the CSSA, potentially leading to a higher likelihood of veracity. On the other, following close inspection and comparison of the March 27, 2025, RFI, the April 16, 2025, termination letter, and petitioner's late April 2025 request for a fair hearing (which post-dates the April 16, 2025, letter), the only written request for paystubs was in the March 27, 2025, RFI. (R-1 at 11; R-1 at 2-5; R-2.) So when petitioner wrote in his request for a fair hearing that "I sent the paperwork needed before the due date [April 15, 2025]"—paperwork meaning paystubs, as borne out by the testimony—that likely came from one of two places: either he was aware of the need for paystubs during the renewal process or that C.F. received the March 27, 2025, letter. The alternative to both is that, in his request for a fair hearing, C.F. was not being truthful as to the date the paystubs were provided or if they were actually provided. Moreover, when pressed, C.F. stated he was unsure of the date he provided the paystubs but "believes" that he submitted them prior to April 10, 2025.

An argument may be made that, if C.F. were in possession of the March 27, 2025, RFI, he would have claimed submission prior to the April 10, 2025, deadline—in other words, was "more selective" in the date chosen. (R-1 at 11; R-2.) However, based on the contradictory nature of the documents, as well as the tenor, tone, and substance of his testimony, taking all into consideration, **I DO NOT FIND** C.F.'s testimony to be sufficiently credible that I am able to provide it much weight, if any at all. Accordingly, **I ALSO FIND** that C.F. was in receipt of the March 27, 2025, RFI, and failed to provide the requested paystubs in a timely manner.

Additional Conclusions of Law:

As part of the renewal process and in response to an RFI, a Medicaid beneficiary is required to provide the CSSA with the requested information within fourteen days. 42 CFR § 435.952(c)(2); see MEDCOMM 22-04 (discussing RFI process; fourteen days to produce requested documents). If the beneficiary fails to provide the requested information within the time provided, in the absence of exceptional circumstances, the Medicaid benefits will be terminated. N.J.A.C. 10:71-2.2(e)(2) (participant required to

assist CSSA in providing proof of qualification if requested); N.J.A.C. 10:71-2.3(c) (renewal applications to be continued where petitioner fails to provide requested proofs only in “exceptional cases”).

In this instance, because petitioner received the March 27, 2025, RFI, or at a minimum, was aware of the need to produce paystubs—yet failed to do so before the submission deadline of April 10, 2025—I **CONCLUDE** that the CSSA properly terminated petitioner’s Medicaid renewal/benefits.