



**State of New Jersey**  
OFFICE OF ADMINISTRATIVE LAW

**INITIAL DECISION**

OAL DKT. NO. HMA 02915-25

C.K.

Petitioner,

v.

ATLANTIC COUNTY DEPARTMENT OF  
FAMILY AND COMMUNITY DEVELOPMENT

Respondent.

***Medicaid Only***

***Failure to Verify Eligibility Appeal***

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

**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):

Income information relating to pension and a MassMutual account  
sought relative to a 11/28/24 application (R-1) that was the  
second of three consecutive applications filed. Petitioner seeks  
benefits retroactive to August 2024.

**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 standing has been established.
- ☐ I **FIND** that petitioner or petitioner's representative is **NOT AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that standing has not been established.

**II.**

- ☒ I **FIND** that petitioner did not timely provide all the required 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 should be **DENIED** under N.J.A.C. 10:71-2.2(e).
- ☐ I **FIND** that petitioner did not timely provide all the required 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); therefore, I **CONCLUDE** that the time limit for verification should be **EXTENDED** under N.J.A.C. 10:71-2.3(c).
- ☐ I **FIND** that petitioner did not timely provide all the required 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); and petitioner has since provided all the required documentation; therefore, I **CONCLUDE** that the Medicaid Only application should be **PROCESSED** to determine eligibility under N.J.A.C. 10:71.
- ☐ I **FIND** that petitioner timely provided all the required documentation under N.J.A.C. 10:71-2.2(e) and -2.3(a); therefore, I **CONCLUDE** that the Medicaid Only application should be **PROCESSED** to determine eligibility under N.J.A.C. 10:71.

**ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW**

The County issued two RFIs dated 12/10/24 and 12/30/24 (R-2, R-3).

Both RFIs asked for pension and MassMutual information.

Petitioner's DAR requested extensions via fax twice claiming many

requests were made to MassMutual. DAR testified that many

requests had not been made, and requests were related to POA

authorization, not for income information. Extension requests

were generic, identical and inaccurate. Petitioner produced

information on 3/25 and was approved with benefits retroactive

to 10/24.

**ORDER**

I **ORDER** that:

- ☐ Petitioner's appeal is **DISMISSED** because petitioner has no standing.
- ☒ Petitioner is **INELIGIBLE** for Medicaid Only 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.

06/06/2025

DATE



GAURI SHIRALI SHAH

, ALJ

Date Record Closed:

05/28/2025

Date Filed with Agency:

Date Sent to Parties:

**APPENDIX**

**Witnesses**

**For Petitioner:**

Sarah Finkel, DAR

**For Respondent:**

Mary Lange, Administrative Supervisor

**Exhibits**

**For Petitioner:**

P-1 Medicaid application dated 11/28/24

P-2 Response to 12/10/24 RFI

P-3 Response to 12/30/24 RFI

P-4 Emails between parties regarding 12/10/24 RFI

P-5 Emails between parties regarding 12/30/24 RFI

P-6 Denial letter and fair hearing request

P-7 Response from MassMutual

P-8 through P-14 Not in evidence

**For Respondent:**

R-1 Medicaid application dated 11/28/24

R-2 Denial letter dated 1/22/25

R-3 RFI dated 12/10/24

R-4 RFI dated 12/30/24