



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

**INITIAL DECISION**

OAL DKT. NO. HMA 01834-25

AGENCY DKT. NO. N/A

**F.C.,**

Petitioner,

v.

**MIDDLESEX COUNTY BOARD**

**OF SOCIAL SERVICES,**

Respondent.

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F.C., petitioner, pro se

**Carrie Flanzbaum**, Human Services Specialist 3, for respondent, pursuant to  
N.J.A.C. 1:1-5.4(a)(3)

Record Closed: March 28, 2025

Decided: April 21, 2025

BEFORE **JUDITH LIEBERMAN**, ALJ:

**STATEMENT OF THE CASE**

Petitioner F.C. appeals the determination by respondent Middlesex County Board of Social Services (Board) that he was ineligible for New Jersey FamilyCare Aged, Blind, Disabled Medicaid because he failed to produce information that the Board requested.

## **PROCEDURAL HISTORY**

Petitioner was notified of the Board's determination on December 6, 2024, and petitioner filed a timely appeal. The Division of Medical Assistance and Health Services (DMAHS) transmitted this matter to the Office of Administrative Law (OAL), where it was filed on January 24, 2025, as a contested case. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13. A telephonic hearing was conducted on March 28, 2025, and the record closed that day.

## **DISCUSSION AND FINDINGS OF FACT**

Petitioner applied for NJ FamilyCare Aged, Blind, Disabled Medicaid on March 25, 2024. R-A. On July 3, 2024, the Board requested multiple documents from petitioner, including documentation of deposits to and withdrawals from his bank account. Petitioner was to produce this information by July 17, 2024. R-C. The Board determined that petitioner produced everything it requested except two Cash App transactions and a mobile deposit of \$61.90. The deposit was posted to petitioner's TD Bank account ending in 3100 on June 17, 2024. R-E at 2. The Board denied his application on December 6, 2024, because he did not provide this information. R-B.

During the hearing, the Board's representative acknowledged that the information the Board needed about the Cash App transactions was included in the information that petitioner previously provided. Thus, the only missing documentation concerned the \$61.90 deposit. There is no evidence in the record that suggests that this was one of a series of recurring deposits.

Petitioner acknowledged that he did not produce documentation of the deposit. However, he and a friend, M.C., spoke with a Board representative over the several months that his application was pending. M.C. assisted him because he is hearing impaired. Each time, they were told by the Board representative that he did not need to submit additional information. The Board confirmed that petitioner and M.C. contacted the Board four times between May 28, 2024, and September 11, 2024. R-F. Although the substance of the conversations was not documented, the Board's records indicate

that petitioner and M.C. inquired about the status of the application and there is no record that petitioner was told that information was outstanding. Ibid. There is no evidence in the record that the Board advised petitioner during these discussions that the deposit slip was missing and required. Because petitioner's account of his communications with the Board is, in significant part, corroborated by the Board's records and the undisputed fact that petitioner produced everything else that the Board requested, I find petitioner's account to be credible.

Therefore, based upon the testimonial and documentary evidence, and having considered the credibility of the witnesses, I **FIND** as **FACT** that petitioner fully responded to the Board's request for information with the exception of documentation of a single deposit. I also **FIND** as **FACT** that petitioner and M.C. communicated with the Board and were not told that this information was missing or required.

### **DISCUSSION AND CONCLUSIONS OF LAW**

Pursuant to the New Jersey Medical Assistance and Health Services Act, N.J.S.A. 30:4D-1 to -19.5, the DMAHS is responsible for administering Medicaid. N.J.S.A. 30:4D-5. Through its regulations, the DMAHS establishes "policy and procedures for the application process . . . ." N.J.A.C. 10:71-2.2(b). "[T]o be financially eligible, the applicant must meet both income and resource standards." In re Estate of Brown, 448 N.J. Super. 252, 257 (App. Div. 2017); see also N.J.A.C. 10:71-3.15; N.J.A.C. 10:71-1.2(a). When petitioner applied for Medicaid, the income limit for individuals was \$1,215; the limit increased to \$1,255 in 2024.

An applicant is obligated to provide all required information to support his application. In the Medicaid application process, the applicant bears the burden of establishing program eligibility by a preponderance of the credible evidence. Alford v. Somerset Cnty. Welfare Bd., 158 N.J. Super. 302, 310 (App. Div. 1978).<sup>1</sup> The Medicaid applicant is the primary source of information. N.J.A.C. 10:71-1.6(a)(2). The applicant

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<sup>1</sup> On appeal, petitioner must prove his eligibility by a preponderance of the credible evidence. In re Polk, 90 N.J. 550, 560 (1982).

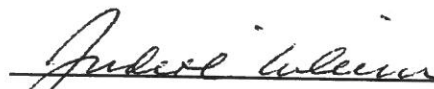
documentation within twenty days of the Final Decision in this matter. The Board shall reevaluate petitioner's application after it receives this documentation.

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 21, 2025

DATE

  
JUDITH LIEBERMAN, ALJ

Date Record Closed:

March 28, 2025

Date Filed with Agency:

April 21, 2025

Date Sent to Parties:

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must: “1. [c]omplete, with assistance from the [county social services agency (CSSA)] if needed, any forms required by the CSSA as a part of the application process; 2. [a]ssist the CSSA in securing evidence that corroborates his or her statements; and 3. [r]eport promptly any change affecting his or her circumstances.” N.J.A.C. 10:71-2.2(e). The applicant bears a duty to cooperate fully with the agency in its verification efforts, providing authorization to the agency to obtain information when appropriate. N.J.A.C. 10:71-4.1(d)(3)(i).

However, while the “primary obligation” is on the applicant, the agency has the “available option to seek verification documents directly from collateral sources to ‘supplement or clarify essential information.’” N.J.A.C. 10:71-1.6(a)(2); N.J.A.C. 10:71-2.10. It is well established that State agencies must ‘turn square corners’ in the exercise of statutory responsibilities with members of the public.” K.O. v. Div. of Med. Assistance & Health Servs., 2023 N.J. Super. Unpub. LEXIS 1587, \*17 (App. Div., Sept. 26, 2023) (quoting W.V. Pangborne & Co., v. N.J. Dep’t of Transp., 116 N.J. 543, 561–62 (1989)).

Here, petitioner produced everything the Board requested but for one deposit slip. However, at the time it issued the denial notice, the Board believed petitioner failed to produce other documents. The Board now knows that he did produce those other documents. It is also relevant that petitioner and M.C. spoke with the Board several times during the nine months his application was pending and were not told that he failed to fully respond to its document request, and the deposit at issue is not one of a series of recurring deposits. Given these very specific circumstances, I **CONCLUDE** that it is reasonable to direct the Board to reopen the application and allow petitioner time to produce the missing deposit slip or other proof of the deposit. If the Board again denies petitioner’s application after this inquiry, petitioner may appeal that determination.

### **ORDER**

Based upon the foregoing, I **ORDER** that the Board shall reopen petitioner’s application and permit petitioner to submit documentation of the June 17, 2024, deposit of \$61.90 to his TD Bank account ending in 3100. Petitioner shall produce this

**APPENDIX**

**Witnesses**

For petitioner:

F.C.

For respondent:

Carrie Flanzbaum, HSS3

**Exhibits**

For petitioner:

None

For respondent:

R-A	Application
R-B	Denial notice and fair hearing request
R-C	Request for Information
R-D	Petitioner's explanation of transactions
R-E	Financial statements with notes concerning unexplained transactions
R-F	Call center referral records