



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 00811-25

AGENCY DKT. NO. N/A

J.T.,

Petitioner,

v.

**HUDSON COUNTY DEPARTMENT
OF FAMILY SERVICES,**

Respondent.

Christopher S. Scott, Esq. (Northeast New Jersey Legal Services, attorneys), for
petitioner

Kenneth Lindenfelser, Esq., (Assistant County Counsel, Hudson County for
Hudson, Department of Family Services), attorneys for respondent

Record closed: May 29, 2025

Decided: May 29, 2025

BEFORE **JULIO C. MOREJON**, ALJ:

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

STATEMENT OF THE CASE

Respondent, Hudson County Department of Family Services, denied petitioner,

J.T.'s Medicaid Only application for failure to provide the following evidence of eligibility under N.J.A.C. 10:71-2.2(e).

Respondent issued three separate Requests for Information Letters (RFI) to Petitioner on June 5, 2024, information due June 19, 2024, September 9, 2025, information due September 23, 2024, and October 1, 2024, information due October 15, 2024 (R-2). Respondent issued an adverse action letter denying Petitioner's Medicaid Application on November 13, 2024, for failure to provide the information last requested on October 1, 2024 Id.

Below is the evidence of eligibility requested by Respondent on October 1, 2024 under N.J.A.C. 10:71-2.2(e) (R-1):

1. Please provide full and complete (all pages) Direct Express Monthly Account Statements the account where your social security income was deposited into prior to June 2022 for the dates listed below:

- April 2019, July 2019, October 2019, December 2019
- March 2020, June 2020, September 2020, December 2020
- March 2022, June 2022, September 2022, December 2022
- March 2023, June 2023, September 2023, December 2023
- March 2024, July 2024, August 2024

-Statements provided must also include the statements for the first and last month your social security income was deposited into this account.

2. Provide full and complete (all pages) statements for your PNC bank account for the following dates:

- April 2019, July 2019, October 2019, December 2019
- March 2020, June 2020, September 2020, December 2020
- March 2021, June 2021, September 2021, December 2022
- March 2022, June 2022, September 2022, December 2023
- March 2024, July 2024, August 2024

-Statements provided must also include the statements for the first and last month your social security income was deposited into this account.

If account is closed provide a letter from the bank verifying the account closing date and balance at closing.

3. Provide full and complete (all pages) statements for the account your social security income is currently being deposited into for the following dates:

- July 1st, 2022
- June 1st, 2024 to August 1st, 2024
- Statements provided must also include the statements for the first month your social security income was deposited into this account

4. Bank statements for Chase account ending in #9573 shows a deposit of \$2,200 on June 7, 2022. Provide an explanation of the source of this deposit. Provide any proof if available for this deposit.

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.

II.

I **FIND** that Petitioner did not timely provide all the required documentation requested in the RFI letter dated October 1, 2024 (R-2), 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).

ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW

At the time Petitioner submitted his Medicaid Application for Aged, Blind and Disabled Program (ABD Medicaid Application) on April 10, 2024, the address that he provide was in Jersey City, New Jersey. (R-1). Petitioner confirmed that he had moved

to Belleville, New Jersey, after he submitted his ABD Medicaid Application. However, the testimony of Liliana Tapia (Tapia), Human Services Specialist III, who has knowledge concerning Petitioner's ABD Medicaid application, stated that Petitioner received all three RFI notices that were mailed to him, as Petitioner would return to Respondent's offices with the RFI letters when he brought documents in response to the same. Tapia testified that the documents requested in the RFI letters dated June 5, 2024 and September 9, 2024, were received or if not received, led to Respondent requesting additional documentation based upon the information provided by Petitioner. Tapia confirmed that Petitioner did not provide all of the documents requested in RFI letter dated October 1, 2024.

Petitioner testified that he was unable to obtain all of the information requested by Respondent because of poor health. However, he understood the documents requested of him.

ORDER

I **ORDER** that Petitioner is **INELIGIBLE** for Medicaid Only under N.J.A.C. 10:71-2.2(e).

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.

May 29, 2025

DATE

Julio Morejon

JULIO C. MOREJON, ALJ

Date Received at Agency:

May 29, 2025

Date E-Mailed to Parties:
JCM/lr

May 29, 2025

APPENDIX

Witnesses

For Petitioner:

J.T.

For Respondent :

Liliana Tapia

Exhibits

For Petitioner:

NONE

For Respondent:

- R-1 Medicaid Application 4/10/2024
- R-2 RFI letter, dated 10/1/2024
- R-3 Denial letter dated 11/13/2024