



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 15052-24

L.O.,

Petitioner,

v.

PASSAIC COUNTY BOARD

OF SOCIAL SERVICES,

Respondent.

Ari Lehmann, Manager, for petitioner pursuant to N.J.A.C. 1:1-10B-5.2 (Future Care Consultants)

Damaris M. Solomon, Esq., for respondent pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: June 25, 2025

Decided: July 22, 2025

BEFORE **KIMBERLY K. HOLMES**, ALJ:

STATEMENT OF THE CASE

The Passaic County Board of Social Services (Passaic) denied petitioner L.O.'s May 30, 2024 NJ Family Care application because she failed to provide all requested verifications promptly, despite Passaic permitting an extension request. Should the denial stand? "Yes." An applicant must supply timely verifications establishing eligibility. N.J.A.C. 10:71-2.2.

PROCEDURAL HISTORY

On July 2, 2024, Passaic denied the petitioner's May 30, 2024, application for Medicaid's Managed Long-Term Services and Supports (MLTSS) application, determining that she failed to provide the necessary eligibility verifications.

On May 23, 2024, Rochel Bloom, of Future Care Consultants was the designated authorized representative (DAR) for petitioner, appealed the determination.

The Division of Medical Assistance and Health Services (DMAHS) transmitted the case to the Office of Administrative Law (OAL), where it was filed on October 3, 2024, as a contested case under the Administrative Procedure Act, N.J.S.A. 52:14B-1 to-15, and the act establishing the OAL, N.J.S.A. 52:14F-1 to-13, for a hearing under the Uniform Administrative Procedure Rules, N.J.A.C. 1:1-1.1 to -21.6.

The first hearing date was scheduled on March 13, 2025. It was adjourned at the request of the parties. Other hearing dates scheduled on April 10, 2025, May 12, 2025, June 9, 2025 and June 19, 2025 were adjourned at the request of one party and consented to the other.

On June 25, 2025, I conducted the hearing and closed the record.

FINDINGS OF FACT

Based on the testimony the parties provided, and my assessment of their credibility, together with the documents that the parties submitted, and my assessment of their sufficiency, I **FIND** the following as **FACT**:

1. On May 23, 2024, Ahuva Neuman, of Future Care Consultants, was the DAR for petitioner. (R-4.)

2. On June 3, 2024, Passaic sent a letter to the petitioner that requested additional documentation with a return date of June 17, 2024. (R-2.)
3. On June 4, 2024, the DAR sent an expedited request to TransAmerica LLC, for a copy of petitioner's life insurance policy, including the current face and case values. (P-10 to P-15.)
4. The DAR submitted a letter from the United States of America Railroad Retirement Fund issued to petitioner on December 21, 2022 as it related to her monthly benefits. (P-16 to P-17.)
5. The DAR did not request additional time to provide the requested documents to Passaic nor were all the documents submitted. In fact, two out of three documents were sent to Passaic by the DAR. Furthermore, the documents that were finally submitted could not be verified by Passaic. Finally, the DAR did not identify the source of the petitioner's monthly income as requested. (P-10 to P-15; P-16 to P-17.)
6. On June 26, 2024, Passaic denied petitioner's May 30, 2024, MLTSS application determining that she failed to provide the necessary eligibility verifications pertaining to, among other documents, income her verification and a TransAmerica, LLC, premium listed on her bank statements. (R-1; R-3.)
7. The denial by Passaic came after a representative from Future Care Consultants, the DAR, was given an extension. (R-1; R-3.)
8. On March 13, 2025, Ahuva Neuman, of Future Care Consultants, was the new DAR for petitioner. (R-6.)

CONCLUSIONS OF LAW

Congress created the Medicaid program under Title IX of the Social Security Act, 42 U.S.C. §§ 1396 et seq. Medicaid is funded by the federal government and administered by the states, including New Jersey. A.K. v. Div. of Med. Assistance and Health Servs., 350 N.J. Super. 175 (App. Div. 2002). Participating States must establish Medicaid eligibility standards that conform to the parameters of the federal statute and the regulations promulgated by the Secretary of Health and Human Services. Wisc. Dep't of Health & Family Servs. v. Blumer, 534 U.S. 473, 479, 122 S. Ct. 962, 966, 151 L. Ed.2d 935, 943 (2002). New Jersey participates in Medicaid through the New Jersey Medical Assistance and Health Services Act. N.J.S.A. 30:4D-1 et seq. The Commissioner of the Department of Human Services has promulgated regulations implementing New Jersey's Medicaid Only program to include income and resource eligibility standards. N.J.A.C.10:71-1.1 to -9.5.

Resource eligibility is based on an examination of "any real or personal property which is owned by the applicant . . . and which could be converted to cash to be used for his or her support and maintenance. Both liquid and nonliquid resources shall be considered in the determination of eligibility[.]" N.J.A.C. 10:71-4.1(b).

N.J.A.C. 10:71-2.2(e)2, requires an applicant for Medicaid to assist the agency in securing evidence that corroborates statements in the application. The agency, too, has responsibilities in the application process, including to "[a]ssist the applicants in exploring their eligibility for assistance [and to] assure the prompt and accurate submission of eligibility data to the Medicaid status files for eligible persons and prompt notification to ineligible persons of the reason(s) for their ineligibility." N.J.A.C. 10:71-2.2(c).

Here, the petitioner submitted her initial application on May 30, 2024. On June 3, 2024, Passaic sent a request for additional information to the petitioner seeking eligibility verifications pertaining to, among other documents, her income verification and a TransAmerica, LLC, premium which was listed on her bank statements. (R-1; R-3.)

In response to Passaic's request, petitioner, through her DAR, provided some of the requested documents but not all. More specifically, the DAR provided a copy of a June 4, 2024 expedited request sent to TransAmerica, LLC, for a copy of petitioner's life insurance policy, including the current face and cash values. (P-10 to P-15.) The DAR also gave Passaic a copy of a letter from the United States of America Railroad Retirement Fund issued to petitioner on December 21, 2022, as it related to her monthly benefits. (P-16 to P-17.)

However, the documents submitted to Passaic were not sufficient to verify her eligibility even after the DAR was given an extension. Moreover, the DAR did not request additional time to provide the requested documents to Passaic nor were the documents submitted. Furthermore, the DAR did not identify the source of petitioner's monthly income as requested.

I do **NOT FIND** that a preponderance of the evidence exists that the petitioner, through her DAR, supplied the necessary eligibility verifications by June 17, 2024. (R-2.) I, therefore, **CONCLUDE** that the petitioner has failed to prove that Passaic erred in its decision to deny her application for Medicaid benefits on the grounds that she failed to timely comply with her obligation to assist Passaic in securing evidence that corroborates statements made in her application for Medicaid as required under N.J.A.C. 10:71-2.2.

ORDER

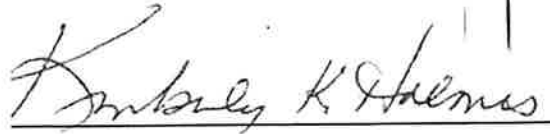
Given my findings of fact and conclusions of law, it is **ORDERED** that the application for Medicaid Benefits is **DENIED**.

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.

July 22, 2025

DATE



KIMBERLY HOLMES, ALJ

Date Record Closed:

June 25, 2025

Date Filed with Agency:

Date Sent to Parties:

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APPENDIX

WITNESSES

For Petitioner:

Ari Lehmann, Manager

For Respondent:

Latanya Hicks, Supervisor

EXHIBITS

For Petitioner:

P-1 to P-9	Medicaid Application
P-10 to P15	RFI and Response
P-16 to P-17	June 26, 2024 email from Scott to Hicks
P-18 to P-20	<u>J.P. v. Atlantic</u> , HMA 02725-23, Initial Agency Decision
P-21 to P-36	<u>E.M. v. Middlesex</u> , HMA 05068-23, Initial Agency Decision
P-37 to P-43	<u>E.M. v. Middlesex</u> , HMA 05068-23, Final Agency Decision
P-44 to P-53	<u>A.R. v. Monmouth</u> , HMA 11763-24, Initial Agency Decision
P-54 to P-58	<u>M.L. v. Essex</u> , A-0884-23, Appellate Decision

For Respondent:

R-1	June 26, 2024 email from Scott to Hicks
R-2	June 3, 2024 RFI
R-3	May 30, 2024 Application
R-5	Denial
R-6	March 13, 2025 DAR of Ari Lehmann
R-7	Power of Attorney