



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 08405-25

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

S.S. _____

Petitioner,
v.
MIDDLESEX COUNTY
BOARD OF SOCIAL SERVICES

Respondent.

For petitioner: S.S., pursuant to N.J.A.C.1:10B- 5.1

For respondent: Kurt Eichenlaub, Human Service Specialist 3

BEFORE: Judith Lieberman, 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):

Bank statements and explanations of four deposits made to petitioner's bank accounts.

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

Petitioner asserted that he communicated with the Middlesex County Board of Social Services ("Board") about his production of the information that it requested. However, the evidence in the record shows that he did not advise the Board prior to its denial of his Medicaid application that he had difficulty providing the requested information. The evidence demonstrates that, prior to the issuance of the denial notice, petitioner communicated that he had "trouble logging int to [the] on line account to upload" his documents. P-2 at 1. There is no reference to missing information or difficulty producing that information. Other communication on behalf of petitioner occurred after the denial notice and did not address the missing information. Id. at 11.

The regulations governing the Medicaid application process impose a duty upon applicants to provide the information needed to evaluate their application. N.J.A.C. 10:71-2.2. Here, the Board requested explanations about and verification of "[a]ll large deposits" and his bank account statements. The deposits that were not explained or verified ranged from \$780 to \$1,600. Neither petitioner nor the social worker who assisted him questioned the requests or advised that they could not locate that information. I am therefore constrained to **CONCLUDE** that petitioner failed to produce information required to assess his Medicaid application.

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.

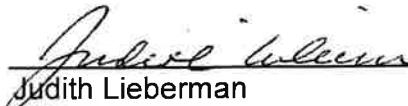
November 7, 2025

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:



Judith Lieberman, ALJ

10/29/2025

November 7, 2025

APPENDIX

Witnesses

For Petitioner:

S.S.

For Respondent:

Carrie Flanzbaum, Human Service Specialist 3
Kurt Eichenlaub, Human Service Specialist 3

Exhibits

For Petitioner:

- P-1 August 18, 2025, email, with attachments
- P-2 Emails
- P-3 Bank statements

For Respondent:

- R-A Application
- R-B Denial notice
- R-C Request for information
- R-D Bank statements provided prior to denial
- R-E Unverified deposit
- R-F Bank statements provided prior to denial
- R-G Statement re: transactions provided prior to denial
- R-H Statement re: transactions provided prior to denial
- R-I Bank account overview provided prior to denial
- R-J Additional documents provided prior to denial
- R-K Documents provided after denial