



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 10650-25

***New Jersey Care . . . Special Medicaid
Failure to Verify Eligibility Appeal
N.J.A.C. 10:72-2.1 and N.J.A.C. 10:72-2.3***

Y.P.

Petitioner,

v.

Monmouth County Division of Social Services,

Respondent.

For petitioner: Y.P.

For respondent: Jeffrey Pitcher, Human Services Specialist 3

BEFORE: Deirdre Hartman-Zohlman, ALJ

STATEMENT OF THE CASE

Respondent denied petitioner's Special Medicaid application for failure to provide the following evidence of eligibility under N.J.A.C. 10:72-2.1(c) and 10:72-2.3(e):

Savings account information

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. 10:72-2.1(c) and (d), and that no exceptional circumstances exist under N.J.A.C. 10:72-2.1(d)(2); therefore, I **CONCLUDE** that the Special Medicaid application must be **DENIED** under N.J.A.C. 10:72-2.1(c) and 10:72-2.3(e).
- ☐ I **FIND** that petitioner did not provide all the necessary documentation under N.J.A.C. 10:72-2.1(c) and (d), but that exceptional circumstances exist under N.J.A.C. 10:72-2.1(d)(2) (*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. 10:72-2.1(d)(2).
- ☐ I **FIND** that petitioner did not provide all the necessary documentation under N.J.A.C. 10:72-2.1(c) and (d); exceptional circumstances exist under N.J.A.C. 10:72-2.1(d)(2) (*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 Special Medicaid application must be **PROCESSED** to determine eligibility under N.J.A.C. 10:72.

- ☐ I **FIND** that petitioner provided all the necessary documentation under N.J.A.C. 10:72-2.1(c) and (d); therefore, I **CONCLUDE** that the Special Medicaid application must be **PROCESSED** to determine eligibility under N.J.A.C. 10:72.

ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW

The respondent twice requested the information, and also spoke to petitioner. (R-1.) The respondent received checking account information but never received the savings account information. Petitioner claims to have timely mailed, emailed and faxed the information which is belied by the fact that the requested information was never received.

ORDER

I **ORDER** that:

- ☐ Petitioner's appeal is **DISMISSED** because petitioner has **NO STANDING**.
- ☒ Petitioner's Special Medicaid application is **DENIED** under N.J.A.C. 10:72-2.1(c) and 10:72-2.3(e)
- ☐ Respondent must **EXTEND** the time limit for verification under N.J.A.C. 10:72-2.1(d)(2).
- ☐ The case be **RETURNED** to respondent for respondent to **PROCESS** the application to determine eligibility under N.J.A.C. 10:72.

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.

8/22/2025

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:



Deirdre Hartman-Zohlman, ALJ

August 22, 2025

APPENDIX

Witnesses

For Petitioner:

Y.P.

For Respondent:

Jeffery Pitcher, Human Services Specialist 3

Exhibits

For Petitioner:

None

For Respondent:

R-1 Packet