



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 18964-25

AGENCY DKT. NO. N/A

D.W.,

Petitioner,

v.

**MONMOUTH COUNTY DIVISION OF
SOCIAL SERVICES,**

Respondent.

Michael Heinemann, Esq., for petitioner (Law Office of Michael Heinemann, PC,
attorneys)

Kenneth Mantila, Fair Hearing Liaison, for respondent pursuant to N.J.A.C. 1:1-
5.4(a)(3)

Record Closed: February 2, 2026

Decided: February 17, 2026

BEFORE **MARY ANN BOGAN, ALJ:**

STATEMENT OF THE CASE

Petitioner appeals the determination by respondent, Monmouth County Division of Social Service (MCDSS or Board), denying his application for NJ FamilyCare for failure to provide all of the verifications requested in response to MCDSS's verification request.

N.J.A.C. 10:71-2.2(e)2. The petitioner maintains that even though he did not submit all of the requested information in a timely manner, the Board failed to communicate in an appropriate manner and his application should have been reviewed with petitioner's spouse's Medicaid application that was submitted during the same time period. For the foregoing reasons the petitioner's application should be denied for failure to provide each of the requested verifications to establish eligibility.

PROCEDURAL HISTORY

On January 17, 2025, the Designated Authorized Representative (DAR), on behalf of petitioner D.W., filed a Medicaid application. On September 26, 2025, the DAR was notified that Medicaid benefits were denied.

The DAR filed a timely request for a hearing, and the matter was transmitted to the Office of Administrative Law (OAL), and filed on November 5, 2025, as a contested case. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13. The fair hearing took place on January 9, 2026, and the record closed on February 2, 2026, after the parties submitted post-hearing documents.

FACTUAL DISCUSSION AND FINDINGS

After listening to the testimony during the telephonic hearing, I **FIND** the following facts are not in dispute:

1. On January 17, 2025, petitioner's DAR filed a Medicaid application for petitioner. (R-1.)
2. On August 4, 2025, the Board sent petitioner a request for information (RFI) requesting eight verifications. (R-2.)
3. The DAR sent some verifications but did not send verification of the sale of property in petitioner's name; verification of the owner of the life insurance policy; power of attorney documents; QIT bank statements; and verification

explaining why the QIT Schedule A reflects a different amount the pension information.

4. On September 26, 2025, the Board denied petitioner's Medicaid application for failure to provide verifications, citing N.J.A.C. 10:71-2.2(e). (R-4.)
5. The petitioner's spouse filed an application for Medicaid around the same time period as petitioner's filing. The spouse's application was approved for Medicaid.

Rebecca Ehren, Senior Planning Services, is the supervisor case manager and testified on behalf of petitioner. Ehren supervises the DAR who submitted the application on behalf of the petitioner. Ehren has thirteen years of experience in her field. In her experience, if two spouses applied for Medicaid, the applications are reviewed together, and the agency sent a joint request for information.

Mindy Bernstein, Human Service Specialist 3, testified for the Board. She stated that petitioner failed to supply the requested documentation and the Board was unable to make an eligibility determination without the verifications. Bernstein explained, the Board was not obligated to utilize petitioner's spouse verifications who also applied for Medicaid, especially when the verifications requested, such as life insurance in petitioner's name, only pertained to financial information in petitioner's name. Furthermore, the DAR acknowledged that petitioner's RFI was overlooked and that she did not expect the petitioner's RFI to contain different requirements than what the agency had requested for the spouse's application. The Board also maintains that it could not presume that the DAR might have missed verification requests especially when some of the verifications were received from the DAR in a timely manner. The agency also utilized verifications uploaded into the petitioner's spouse portal when reviewing the application for purposes of eligibility even though the uploaded documents in the portal are labeled separately.

LEGAL ANALYSIS AND CONCLUSION

The Medicaid program is a cooperative Federal-State venture established by Title XIX of the Social Security Act. 42 U.S.C.A. § 1396 et. seq. Medicaid "is designed to provide medical assistance to persons whose income and resources are insufficient to meet the costs of necessary care and services." L.M. v. Division of Medical Assistance & Health Services, 140 N.J. 480, 484 (1995) (citations omitted). If a state chooses to participate in the Medicaid program, it must adopt a state plan that complies with the federal Medicaid Act and the regulations adopted by the Department of Health and Human Services. 42 U.S.C.A. § 1396a; Estate of G.E. v. Div. of Med. Assistance and Health Servs., 271 N.J. Super. 229 (App.Div.1994).

The Division of Medical Assistance and Health Services and the Commissioner of the Department of Human Services shall establish policy and procedures for the application process and supervise the operation of and compliance with the policy and procedures established. N.J.A.C. 10:71-2.2(b).

Both the Board and the applicant have responsibilities with regard to the application and verification process. N.J.A.C. 10:71-2.2. The Board must inform applicants about the process, eligibility requirements and their right to a fair hearing; receive applications, assist applicants in exploring their eligibility; make known the appropriate resources and services; assure the prompt and accurate submission of data; promptly notice applicants of eligibility or ineligibility; and provide supportive social services. N.J.A.C. 10:71-2.2(c) and (d). Applicants must complete, with assistance from the Board, all forms required by them; assist the Board in securing evidence that corroborates his or her statements; and report promptly any change affecting his or her circumstance. The Board is permitted to deny an application if the applicant fails to timely provide verifications. N.J.A.C. 10:71-2.2(e); -2.12; -3.1(b).

[Furthermore] (t)he [Board] shall verify the equity value of the resources through appropriate and credible sources. Additionally, the [Board] shall evaluate the applicant's past circumstances and present living standards in order to ascertain the existence of resources that may not have been

reported. If the applicant's resource statements are questionable, or there is reason to believe the identification of resources is incomplete, the [Board] shall verify the applicant resources statements through one or more third parties.

[N.J.A.C. 10:71-4.1(d)(3).]

The applicant bears a duty to cooperate fully with the Board in its verification efforts, providing authorization to the Board to obtain information when appropriate.

N.J.A.C. 10:71-4.1(d)(3)(i).

If verification is required in accordance with the provisions of N.J.A.C. 10:71-4.1(d)[(3)], the [Board] shall . . . verify the existence or nonexistence of any cash, savings or checking accounts, time or demand deposits, stocks, . . . or any other financial instrument or interest. Verification shall be accomplished through contact with financial institutions, such as banks . . .

[N.J.A.C. 10:71-4.2(b)(3).]

The Board may perform a "collateral investigation" to verify supplement or clarify essential information." N.J.A.C. 10:71-2.10(b). However, the regulations do not require the Board to undertake an independent investigation of an applicant. N.J.A.C. 10:71-4.2(b)(3);10:71-2.10. Instead, the Board is required to verify the information provided by the applicant.

Although petitioner satisfied other verification requests, he did not respond to all of the requests for verification from the Board in order to establish eligibility. The DAR was aware of the duty to submit a complete application and assist the Board in securing corroborating evidence pursuant to N.J.A.C. 10:71-2.2(e). The regulations do not create an affirmative duty upon the Board to provide all documents to complete the verification process. The regulations set forth the caseworker's administrative responsibility to determine eligibility, and to verify the information, but they do not relieve the petitioner of his obligation to produce the information requested by the Division. See, D.M. v. DMAHS, OAL Dkt. No. HMA 6394-06, 2007 N.J. AGEN LEXIS 546, Final Decision (June 11, 2007).

Furthermore, the petitioner's failure to submit verifications requested in the agency's RFI differ from the cases submitted to support petitioner's position. For example, M.L. v. Essex Cnty. Div of Fam., Assistance & Benefits, 2025 N.J. Super. Unpub. LEXIS 407 *8(App. Div. March 18, 2025); after petitioner provided what they believed was all of the information requested by the agency, the agency denied the application. The record shows that the information the agency received did not contain all the data required to evaluate the Medicaid application. However, in that case, the agency failed to notify petitioner that the information supplied was insufficient to process the application. See also, K.O. v. Division of Medical Assistance and Health Services, No. A-3010-21 (App. Div. September 26, 2023). Also, in F.C. v. Middlesex, HMA 01834-25 (April 21, 2025) it was demonstrated that the agency informed petitioner that the verification that the agency ultimately based its denial upon was not required.

Finally, petitioner's argument that the applications submitted by an institutionalized couple must be evaluated together is without merit. The petitioner's argument rests on regulations that require the married couple's resources to be reviewed together in order to determine eligibility. This differs from the facts herein where the petitioner's application was denied for failing to provide verifications requested in order to establish eligibility.

I **CONCLUDE** that petitioner failed to demonstrate by a preponderance of the evidence that appropriate verifications were submitted in a timely manner to the Board that were necessary to determine eligibility; and I **CONCLUDE** that the Board's denial of petitioner's application for Medicaid was appropriate.

ORDER

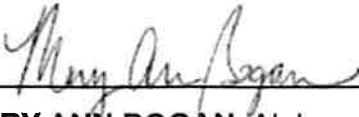
Based upon the foregoing, it is **ORDERED** that petitioner's application for Medicaid is **DENIED**. Petitioner's appeal is **DISMISSED**.

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.

February 17, 2026 _____
DATE



MARY ANN BOGAN, ALJ

Date Received at Agency: _____

Date Mailed to Parties: _____

MAB/nn

APPENDIX

WITNESSES

For petitioner

Rebecca Ehren

For respondent

Mindy Bernstein

EXHIBITS

For petitioner

None

For respondent

- R-1 Application
- R-2 RFI letter sent
- R-3 QIT Schedule A and DFAS pension statement
- R-4 Denial letter and outstanding list
- R-5 NJAC 10:71-2.2(e), MED COM 10-09