



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 08201-25
AGENCY DKT. NO. N/A

E.H.,

Petitioner,

v.

**UNION COUNTY BOARD
OF SOCIAL SERVICES,**

Respondent.

Michael Heinemann, Esq., for petitioner E.H.,

Steve G. Hockaday, Esq., Deputy County Counsel, for respondent,

Record Closed: December 15, 2025

Decided: January 5, 2026

BEFORE **MARIANNE B. ORTEGA, ALJ:**

STATEMENT OF THE CASE

On June 6, 2024, petitioner, E.H., applied to respondent, the Union County Board of Social Services, for Medicaid but failed to provide requested verifications that were necessary to determine eligibility. Is E.H. eligible for Medicaid? No. E.H. did not provide all the necessary documentation under N.J.A.C.10:71-2.2(e) and -2.3(a), and no exceptional circumstances exist under N.J.A.C.10:71-2.3(c);

PROCEDURAL HISTORY

On December 13, 2024, Union denied E.H.'s Medicaid application and petitioner filed a timely appeal. The Division of Medical Assistance and Health Services (DMAHS) transmitted this matter to the Office of Administrative Law (OAL), where it was filed on May 8, 2025, as a contested case under N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13. A telephonic hearing was conducted on November 21, 2025, and the record closed on December 15, 2025.

FINDINGS OF FACT

Based on the testimony the parties provided and my assessment of their credibility, together with the documents the parties provided and my evaluation of their sufficiency, I **FIND** the following **FACTS**:

On June 6, 2024, E.H., with the assistance of her Designated Authorized Representative (DAR), Abby Weissler, applied for ABD. (R-A)

On November 8, 2024, Union County sent a Request for Information (RFI) requesting multiple documents from E.H. (1) Union was in receipt of a Statement of Funeral Goods and Services; however, this Statement was not fully copied and it needs to be revised in order to meet Medicaid regulations; (2) Bank statements (all pages) from May 1, 2024 through November 1, 2024 for the Bank of America ending in ***1189; and (3) a written explanation along with supporting documents such as receipts, regarding check #3343 that was written for \$9,500 to David Dubois on March 10, 2022. E.H. was to produce this information by November 22, 2024. (R-C) The November 8, 2024 letter provided that E.H. submit the requested verifications by November 22, 2024 or send a letter of explanation if she did not have the information. Ibid.

On November 25, 2024, E.H.'s DAR emailed Union with most of the requested verification documents; however, the Bank of America statements remained outstanding. On November 14, 2024, the DAR requested the bank statements and would forward once

received. P-1. The DAR did not request any additional extensions to provide the outstanding documentation. However, Union did not deny the application until December 13, 2024. Union failed to respond to E.H.'s email or issue another follow-up request for additional information. Nonetheless, E.H. did not keep Union abreast of their progress to obtain the missing documents. It was E.H.'s responsibility to obtain and submit the documentation that Union deemed necessary to process her application. (See N.J.A.C. 10:71-2.2(e)). E.H. did not demonstrate an ongoing effort to secure the information. E.H. only sent one letter request to the bank and did not advise Union until after the RFI deadline.

On December 13, 2024, Union County denied E.H.'s application for Medicaid because she did not provide the requested verifications. (R-B) Union determined that E.H. had not produced the Bank of America statements or the revised Statement of Funeral Goods and Services. (R-B). Notably, Peitioner's email sent on November 25, 2024 did not comply with the RFI deadline of November 22, 2024. However, Union did not deny E.H.'s application until December 13, 2024. Thus, in total, Union provided E.H. with 30 days between the issuance of the November 8, 2024 verification letter and the denial of Petitioner's application, to obtain and provide the requested documentation. Effectively, Union gave an extension but did not communicate that to E.H. On December 19, 2024, Union received the requested bank statements from E.H.

Here, E.H. did not supply the necessary eligibility verifications by the RFI deadline. E.H. did demonstrate to Union that she had requested the outstanding item from the bank with her email attaching the confirmation receipt, however, it was sent after the RFI deadline date. E.H. did not make a good-faith effort to comply with Union's request for verifications or keep Union updated on her efforts.

CONCLUSIONS OF LAW

Under the New Jersey Medical Assistance and Health Services Act, N.J.S.A. 30:4D-1 to -19.5, the DMAHS is responsible for administering Medicaid. N.J.S.A. 30:4D-5. Through its regulations, the DMAHS establishes policy and procedures for processing

Medicaid cases. N.J.A.C. 10:71-2.2(b). To be financially eligible, the applicant must meet both income and resource requirements. In re Estate of Brown, 448 N.J. Super. 252, 257 (App. Div. 2017); see also N.J.A.C. 10:71-3.15; N.J.A.C. 10:71-1.2(a).

An applicant is obligated to provide all required information to support their application. In the Medicaid application process, the applicant bears the burden of establishing program eligibility by a preponderance of the credible evidence. Alford v. Somerset Cnty. Welfare Bd., 158 N.J. Super. 302, 310 (App. Div. 1978). During the application process, an applicant is the primary source of information and must cooperate with the CWA in securing evidence to corroborate their statements. N.J.A.C. 10:71-1.6(2). Furthermore, a CWA must verify questionable information provided by an applicant, as outlined in N.J.A.C. 10:71-2.2 and -2.3, and permit the applicant to comply. Indeed, the CWA and applicants have responsibilities during both the application and redetermination processes. *Id.* The applicant bears a duty to cooperate fully with the agency in its verification efforts, providing authorization to the agency to obtain information when appropriate. N.J.A.C. 10:71-4.1(d)(3)(i).

However, while the primary obligation is on the applicant, the agency has the available option to seek verification documents directly from collateral sources to 'supplement or clarify essential information.' N.J.A.C. 10:71-1.6(a)(2); N.J.A.C. 10:71-2.10. Here, E.H. submitted everything Union requested except for the bank statements after the RFI deadline.

Typically, the maximum time to process a Medicaid application is forty-five days for the aged and ninety days for the disabled or blind. N.J.A.C. 10:71-2.3(a). The regulations governing Medicaid recognize that there may be times when an applicant is unable to produce required information and allow extensions of time to process an application in certain circumstances.

Here, the records at issue were requested by the DAR and advised Union that she would produce the records once received. However, the DAR did not request assistance in obtaining the documentation or additional time to produce same. Moreover, the DAR has failed to provide documentary evidence to show that exceptional circumstances

existed in this matter that would have necessitated an extension of time to provide the requested documentation even though Union did give more time well after the RFI deadline to comply.

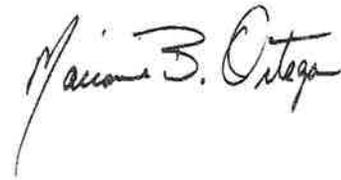
I therefore **CONCLUDE** that the DAR did not provide Union with complete information regarding E.H.'s resources to permit Union to process E.H.'s June 6, 2024, application, thus inhibiting Union's ability to establish credible verification of all eligibility factors. N.J.A.C. 10:72-2.3(e). I further **CONCLUDE** that the applicant failed to document exceptional circumstances warranting continuation of the application's pending status under N.J.A.C. 10:71-2.3(c). Thus, I **CONCLUDE** that Union's denial was appropriate in this situation, and that the June 6, 2024, application must be denied.

ORDER

Given my findings of fact and conclusions of law, I **ORDER** that petitioner's June 6, 2024 application for Medicaid be and is hereby **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.



January 5, 2026

DATE

MARIANNE B. ORTEGA, ALJ

Date Record Closed:

December 15, 2025

Date Filed with Agency:

Date Sent to Parties:

ljb

APPENDIX

Witnesses

For petitioner:

Abby Weissler, Designated Authorized Representative

For respondent:

Cherise Graham, Union County caseworker

Exhibits

For petitioner:

P-A Record request to Bank of America dated November 14, 2024

For respondent:

- R-A Application
- R-B Denial notice and fair hearing request
- R-C Request for Information
- R-D E.H. response to RFI dated November 25, 2024
- R-E E.H. submission of bank statements dated December 19, 2024
- R-F Funeral Service invoice