



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 20464-25

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

L.J.

Petitioner,

v.

Gloucester County

Board of Social Services

Respondent.

For petitioner: Rivka Grossnass, Designated Authorized Representative

For respondent: Carla Maggio, Fair Hearing Liaison

BEFORE: Elaine B. Frick, 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):

Direct Express statements from May, June, and July 2025, for petitioner's July 31, 2025 application--petitioner admittedly did not provide the documentation.

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's assertion that Direct Express' delay in providing the statements is due to Direct Express' requirement to submit a request for records by regular mail and then Direct Express will only provide the requested documentation by mail, is not exceptional circumstances for petitioner's admitted failure to provide. N.J.A.C. 10:71-2.3.

Petitioner's assertion that the Agency should excuse their failure to provide since the prior monthly statements they did submit to the Agency from Direct Express demonstrate that petitioner was eligible and under resourced, likewise is not exceptional circumstances for petitioner's admitted failure to provide required verifications to assess for eligibility. N.J.A.C. 10:71-2.3.

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.

February 17, 2026

DATE



Elaine B. Frick, ALJ

Date Record Closed: _____

Date Filed with Agency: _____

Date Sent to Parties: _____

APPENDIX

Witnesses

For Petitioner:

Rivka Grossnass, DAR

For Respondent:

Paul Watkins, Specialist Adult Medicaid

Exhibits

For Petitioner:

None

For Respondent:

R-1 Fair Hearing Packet (46 pages)

Cover page (1)

Application July 31, 2025 (2-13)

Transaction statements from DAR for a different individual (14-15)

Direct Express statements L.J. from September 2024 through February 2025 (16-23)

Direct Express statement L.J. from April 2025 (24-25)

Asset Verification System Results (26-27)

Request for Information letter August 7, 2025 (28-32)

Adverse Action notice September 26, 2025-Denial for failure to provide (33-37)

Excerpts of regulations relied upon by Agency (38-41)

Med-Com 22-04 (42-44)

Excerpt of federal regulation relied upon by Agency (45-46)