

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):

Complete bank statements for Bank of America Account #2374 from May 1, 2024 to February 28, 2025, including verifications and explanations of details of all deposits, withdrawals, checks, and transfers.

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

On June 19, 2025, the respondent sent the petitioner's Designated Authorized Representative (DAR) a Request for Information (RFI), which requested that copies of bank account statements be provided for May 1, 2024 through February 28, 2025. (R-1 at Exhibit B.) Additionally, the RFI specifically requested that all deposits, checks, withdrawals, and transfers be verified with supporting documentation and explanations. (R-1 at Exhibit B.) The due date for all documents was July 3, 2025. (R-1 at Exhibit B.)

By letter, dated July 8, 2025, the respondent terminated Medicaid benefits effective July 31, 2025. (R-1 at Exhibit C.) The termination letter provided a ninety-day window for the petitioner to provide the requested documents for reconsideration. (R-1 at Exhibit C.)

The petitioner's DAR received the RFI, and provided summary pages of bank statements for the relevant time period on July 24, 2025, and July 29, 2025. (P-1 and P-3.) While the documents were provided within the ninety-day window for reconsideration, the complete information that was requested on the RFI was not provided, and thus I am constrained to affirm the respondent's termination of benefits in this case.

By way of further comment, I note that it is concerning that at no time did the respondent ever confirm receipt of the documents emailed by the petitioner's DAR, send a follow up deficiency letter, or advise the DAR that a new Medicaid application would be required. The DAR made several follow up phone calls after the July emails were sent and she was repeatedly told the application was "pending". County welfare agencies are required to assist applicants in the process, which did not occur here, as the DAR received no further communication from the respondent after the termination letter was sent despite emails and repeated phone calls.

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.

December 29, 2025

DATE



Rebecca C. Lafferty, ALJ

12/17/2025

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:

APPENDIX

Witnesses

For Petitioner:

J.M.

~~J. M. [Name]~~ Designated Authorized Representative for the petitioner

For Respondent:

Betsy Abreu, Human Service Specialist 3

Exhibits

For Petitioner:

P-1 Email chain from the petitioner's DAR

P-2 Correspondence from the petitioner's DAR (undated)

P-3 Summary pages, only, of Bank of America bank statements from February 17, 2023 through June 18, 2025

For Respondent:

R-1 Fair Hearing packet consisting of Exhibits A through D