



## 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):

Statements for TD Bank account #0950 from 11/2/24 to present; and verification of running balances for all activity from CHIME, CASH APP, and /or VENMO accounts from 1/1/2020 to present as requested in the second Request for Information (RFI) dated February 21, 2025.

## 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**

The application was filed on January 30, 2025. Respondent issued its first RFI on February 5, 2025. Petitioner responded through her Designated Authorized Representative (DAR) on February 19, 2025. On February 21, 2025, respondent issued a second RFI, requesting for the first time statements from a TD Bank Account, ending in 0950, and all activity from Cash App and Venmo. Respondent discovered the TD Bank account on February 10, 2025, after conducting an electronic Asset Verification System (AVS) search. On March 7, 2025, petitioner responded to the second RFI and submitted the information missing from the first RFI. With respect to the new information, the DAR advised respondent that she requested the running balances for the cash app and Venmo accounts and the TD Bank statements, but did not yet have a response. The DAR requested an extension of time to provide the missing information. Without further communication, respondent issued its denial notice on March 13, 2025, for failure to provide requested information.

In considering the above facts and acknowledging the DAR's communication and cooperation, no exceptional circumstances were provided to justify a third extension. Moreover, there was no indication from the DAR as to when she expected receipt of the outstanding documents.

**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 2, 2026**

DATE

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:



KATHLEEN M. CALEMMO, ALJ

01/08/2026

**02/02/2026**

**02/02/2026**

**APPENDIX**

Witnesses

For Petitioner:

None

For Respondent:

Baseemah McDaniel, Administrative Supervisor, Human Services Specialist IV

Exhibits

For Petitioner:

- P-1 Application, dated January 30 2025
- P-2 First RFI, dated February 5, 2025
- P-3 Email response to RFI, dated February 19, 2025
- P-4 Documents provided in response to first RFI
- P-5 Response to second RFI, dated March 7, 2025
- P-6 Medicaid denial, dated March 13, 2025

For Respondent:

- R-1 Fair Hearing packet: Summary; Application; Denial; and RFI, dated February 5, 2025, and February 21, 2025