



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

AMENDED INITIAL
DECISION

OAL DKT. NO. HMA 08363-24

H.S.

Petitioner,

v.

OCEAN COUNTY BOARD
OF SOCIAL SERVICES

Respondent.

Medicaid Only

Failure to Verify Eligibility Appeal

N.J.A.C. 10:71-2.2 and -2.3

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):

1. Proof of application for Social Security income or proof of reason for ineligibility

2. Copy of Lease and rental payment

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 standing is established.
- I **FIND** that petitioner or petitioner's representative is **NOT AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that standing is not been established.

II.

- I **FIND** that petitioner did not timely provide all the required 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 timely provide all the required 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); 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 timely provide all the required 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); and petitioner has since provided all the required 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 timely provided all the required 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 husband, J.S., stated that H.S. proved her eligibility for Social Security income but chose not to apply, preferring to wait until age seventy to ensure a greater monthly payment.

Respondent's representative, Kaila Reilly, stated that the agency did not request additional information regarding H.S.'s shelter expenses because her response to the inquiry regarding Social Security income made her ineligible for Medicaid.

ORDER

I **ORDER** that:

- Petitioner's appeal is **DISMISSED** because petitioner has no standing.
- Petitioner is **INELIGIBLE** for Medicaid Only 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.

September 19, 2024
DATE



Tricia M. Caliguire, ALJ

Date Record Closed:

08/27/2024

Date Filed with Agency:

Date Sent to Parties:

Exhibits

For Petitioner:

P-1 New Jersey Auto Driver License of Petitioner H.S.

P-2 Supplemental Security Information in New Jersey Fact Sheet, Publication No. 05-11148 (2024)

P-3 Calculations

P-4 NJ FamilyCare Aged, Blind, Disabled 2024 Information Manual, published by the Department of Human Services, Division of Medical Assistance and Health Services

P-5 N.J.A.C. 10:71-5.1 (Lexis Printout)

For Respondent:

R-1 NJ FamilyCare Aged, Blind, Disabled Programs Application, dated 2/20/24

R-2 Request for Information, dated 2/26/24

R-3 State of NJ, SOLQ Response Screen (showing H.S.'s Medicare eligibility date), dated 8/12/24

R-4 Letter regarding H.S. tenancy, dated 3/6/24

R-5 Social Security Statement, dated 3/4/24

R-6 NJ FamilyCare Aged, Blind Disabled Programs Notice of Termination, dated 3/21/24

R-7 Not introduced