State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 20068-25
AGENCY DKT. NO. N/A

M.D.,
Petitioner,
v.
MERCER COUNTY BOARD OF SOCIAL SERVICES,
Respondent.

Aredris DeLaRosa, Designated Authorized Representative, for petitioner

Janna Sheiman, Associate Attorney, for respondent, pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: April 16, 2026 Decided: April 30, 2026

BEFORE **JACOB S. GERTSMAN,** ALJ t/a:

STATEMENT OF THE CASE

Respondent Mercer County Board of Social Services (Board) terminated the Medicaid benefits of petitioner M.D. for failure to provide requested information. Petitioner appeals the termination.

PROCEDURAL HISTORY

By notice dated July 11, 2025, petitioner's Medicaid benefits were terminated due to her failure to provide requested renewal information. (R-2.) A timely appeal[1] was filed on behalf of the petitioner, and the matter was transmitted to the Office of Administrative Law (OAL), where it was filed on November 20, 2025, for a hearing as a contested case. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13. After two adjournments, the hearing was held on April 16, 2026, and the record was closed.

FACTUAL DISCUSSION AND FINDINGS

The following **FACTS** are not in dispute, and, as such, I **FIND** the following:

On May 30, 2025, a Request for Information (RFI) was sent to the petitioner informing her that her Medicaid benefits under Supplemental Security Income (SSI) would be terminated since her SSI had been terminated. The RFI stated that if petitioner did not provide the following within thirty days, her Medicaid benefits would end: proof of any income other than Social Security benefits, such as pension, cash, work, alimony, Veterans benefits, etc.; burial arrangements; and life insurance. (R-1.) Petitioner failed to respond to the RFI and thus failed to provide the requested verifications within thirty days of the issuance of the RFI. (R-2.)

LEGAL ANALYSIS AND CONCLUSION

The Medicaid program is a cooperative federal-state venture established by Title XIX of the Social Security Act. 42 U.S.C.A. § 1396 et seq. Medicaid "is designed to provide medical assistance to persons whose income and resources are insufficient to meet the costs of necessary care and services." L.M. v. Div. of Med. Assistance & Health

[1] A new application was filed following petitioner's request for a fair hearing, but there was no appeal, and therefore that matter has not been transmitted to the OAL. Accordingly, as the OAL has no jurisdiction over that application, exhibits and testimony related to that application were not admitted into the record and were not considered in this case.

Servs., 140 N.J. 480, 484 (1995) (citations omitted). If a state chooses to participate in the Medicaid program, it must adopt a state plan that complies with the federal Medicaid Act and the regulations adopted by the Department of Health and Human Services. 42 U.S.C.A. § 1396a; Est. of G.E. v. Div. of Med. Assistance and Health Servs., 271 N.J. Super. 229 (App.Div.1994).

Eligibility for Medicaid is governed by regulations adopted in accordance with the authority granted to the Division of Medical Assistance and Health Services (DMAHS) and the Commissioner of the Department of Human Services. N.J.S.A. 30:4D-7. The DMAHS and the Commissioner are required to establish a policy and procedures for the Medicaid application process and shall supervise the operation of, and compliance with, the policy and procedures. N.J.A.C. 10:71-2.2(b).

"The eligibility of Medicaid beneficiaries . . . must be renewed once every [twelve] months," 42 C.F.R. § 435.916(a)(1), and those applying for Medicaid benefits must report any change in circumstances affecting eligibility. 42 C.F.R. § 435.916(c); N.J.A.C. 10:71-2.2(e)(3). Both the Board and the applicant have responsibilities with regard to the application and verification process. N.J.A.C. 10:71-2.2. The Board must inform applicants about the process, eligibility requirements, and their right to a fair hearing; receive applications; assist applicants in exploring their eligibility; make known the appropriate resources and services; assure the prompt and accurate submission of data; and promptly notify applicants of eligibility or ineligibility and provide supportive social services. N.J.A.C. 10:71-2.2(c) and (d). Applicants must complete, with assistance from the Board, all forms required by them; assist the Board in securing evidence that corroborates his or her statements and report promptly any change affecting his or her circumstances. The Board is permitted to deny an application if the applicant fails to timely provide verifications. N.J.A.C. 10:71-2.2(e); N.J.A.C. 10:71-2.12; N.J.A.C. 10:71-3.1(b).

> [Furthermore] (t)he [Board] shall verify the equity value of the resources through appropriate and credible sources. Additionally, the [Board] shall evaluate the applicant's past circumstances and present living standards in order to ascertain the existence of resources that may not have been

> reported. If the applicant's resource statements are questionable, or there is reason to believe the identification of resources is incomplete, the [Board] shall verify the applicant resources statements through one or more third parties.
>
> [N.J.A.C. 10:71-4.1(d)(3).]

The applicant bears a duty to cooperate fully with the Board in its verification efforts, providing authorization to the Board to obtain information when appropriate. N.J.A.C. 10:71-4.1(d)(3)(i).

> If verification is required in accordance with the provisions of N.J.A.C. 10:71-4.1(d)[(3)], the [Board] shall . . . verify the existence or nonexistence of any cash, savings or checking accounts, time or demand deposits, stocks, . . . or any other financial instrument or interest. Verification shall be accomplished through contact with financial institutions, such as banks . . . .
>
> [N.J.A.C. 10:71-4.2(b)(3).]

The Board may perform a "collateral investigation" to verify, supplement or clarify essential information." N.J.A.C. 10:71-2.10(b). However, the regulations do not require the Board to undertake an independent investigation of an applicant. N.J.A.C. 10:71-4.2(b)(3); N.J.A.C. 10:71-2.10. Instead, the Board is required to verify the information provided by the applicant.

In this matter, M.D. failed to respond to the May 30, 2025, RFI, failed to provide the information requested by the Board to continue her Medicaid benefits, and failed to provide any exceptional circumstances. (R-1; R-2.) Accordingly, I **CONCLUDE** that petitioner's Medicaid benefits should be **TERMINATED** due to her failure to provide the requested verifications.

ORDER

It is hereby **ORDERED** that petitioner's Medicaid benefits are **TERMINATED**. Petitioner's appeal is **DISMISSED**.

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.

April 30, 2026
DATE

JACOB S. GERTSMAN, ALJ t/a

Date Received at Agency: _____

Date Mailed to Parties: _____

JSG/jm

APPENDIX

Witnesses

For petitioner:

Aredris DeLaRosa

For respondent:

Kimberly Weintraub, Medicaid Supervisor, Mercer County Board of Social Services

Exhibits

For petitioner:

None

For respondent:[2]

R-1 NJ Familycare Aged, Blind, Disabled Programs Request for Information Form

R-2 Adverse Action Notice/Termination Notice

[2] During the hearing, two additional exhibits, R-3 and R-4, which solely contain regulatory language, were admitted into the record. Upon further consideration, I have determined that those exhibits are unnecessary and are therefore not admitted.