



**State of New Jersey**  
OFFICE OF ADMINISTRATIVE LAW

**INITIAL DECISION**

OAL DKT. NO. HMA 06621-24

**A.F.**

Petitioner,

v.

**ESSEX COUNTY DIVISION OF  
FAMILY ASSISTANCE AND BENEFITS,**

Respondent.

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***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):

Petitioner was sent a Medicaid renewal packets on December 20, 2023 and April 9, 2024 via regular mail to her address and was also emailed the renewal packet on April 9, 2024. Petitioner failed to complete and return the renewal packets and requested information within the required time frames.

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## 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.

### **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).

## ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW

As a result of her failure to respond to the first Medicaid renewal packet sent on December 20, 2023, a termination of benefits letter was sent to her home address on March 23, 2024, with an effective termination date of March 31, 2024. Petitioner testified that when she received the termination letter, she contacted the Agency and was advised of her right to appeal. She went on to testify that she filed her request for a fair hearing shortly thereafter. In that fair hearing request, she indicated that she never received the Medicaid renewal packet. I **FIND** that after the Agency received petitioner's fair hearing request with the explanation that she did not receive the renewal packet, Petitioner's caseworker contacted her by telephone and advised she would be sending another renewal packet via regular mail and email and that the information requested needed to be provided by April 19, 2024.

The Agency representative testified that it was the Agency's standard practice to allow clients additional time (not to exceed 30 days from the date set for termination of benefits) if the client alleges they had not received the renewal packet. I **FIND** that the information contained in the Agency's file supports their position that they did give A.F. until March 29, 2024 to provide the requested information and she did not provide the information within the extended time period. Accordingly, I **CONCLUDE** that the Agency's decision to allow the March 31, 2024 termination of benefits to stand, was correct.

## ORDER

I **ORDER** that:

Petitioner is **INELIGIBLE** for Medicaid Only under N.J.A.C. 10:71-2.2(e).

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.

October 3, 2024  
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 DATE

s/ William J. Courtney, ALJ

Date Record Closed:

October 2, 2024

Date Filed with Agency:

October 3, 2024

Date Sent to Parties:

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**APPENDIX**

**Witnesses**

**For Petitioner:**

A.F.

**For Respondent:**

**Sharonda Smit, Fair Hearing Liaison**

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**Exhibits**

**For Petitioner:**

**P-1 Fair hearing request form**

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**For Respondent:**

**R-1 Fair Hearing Summary REPORT**

**R-2 Agency notes**

**R-3 Termination letter**

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