



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

**INITIAL DECISION**

OAL DKT. NO. HMA 05411-24

J.G.

Petitioner,

v.

MONMOUTH COUNTY

DIVISION 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):

The request for information (RFI) dated February 8, 2024, requested forty-two bank statements, a bank letter stating the accounts are closed, supporting documentation for all transactions over \$1,000, information pertaining to recurring transactions, and other related information for transactions that went into a bank account where the funding source does not belong to the petitioner. As of February 15, 2024, no verifications were received, and the application was denied.

**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**

See attached sheet.

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Here, the Medicaid application was filed on September 30, 2023. The first request for information (RFI) was sent one-hundred and seventeen days later, on January 25, 2024. Upon receipt of the RFI, petitioner had eight days to respond to the request. (R-2.) By letter dated February 14, 2024, the petitioner responded and notified the agency that "[a] request to Fifth Third Bank for confirmation of account closure has been submitted. [The Institution] is preparing an updated client ledger to supplement the ledger previously provided. We are also gathering other information that is responsive to your request. Be guided accordingly." Petitioner's request for subsequent information was sent. See Ex. C and D.

The Agency did not send an additional RFI. On February 15, 2024 the Agency sent an eligibility letter denying the applicant's FamilyCare application for failure to provide verification in a timely manner. (R-3.)

According to Medicaid Communication No. 10-09, "If additional verifications are needed and the applicant does not respond to the worker's request after a time period, as specified by the Agency, an additional request for information must be sent informing the applicant of what documentation is still needed in order to determine their eligibility." This letter will also inform the applicant that if the information is not received within the specified time period from the receipt of the request, the case will be denied.

**I FIND**, the Agency did not send an additional RFI and did not notify petitioner that if the verifications are not received within the specified time period the case will be denied.

Furthermore, under the regulations, an extension of time limit for verification under N.J.A.C. 10:71-2.3(c) (2)(4) provides:

(c) It is recognized that there will be exceptional cases where the proper processing of an application cannot be completed within the 45/90-day period. Where substantially reliable evidence of eligibility is still lacking at the end of the designated period, the application may be continued in pending status. In each such case, the CWA shall be prepared to demonstrate that the delay resulted from one of the following:

2. A determination to afford the applicant, whose proof of eligibility has been inconclusive, a further opportunity to develop additional evidence of eligibility before final action on his or her application;

4. Circumstances wholly outside the control of both the applicant and CWA.

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)(2)(4); therefore, I **CONCLUDE** that the time limit for verification should be **EXTENDED** under N.J.A.C. 10:71-2.3(c).

Respondent must **EXTEND** the time limit for verification under N.J.A.C. 10:71-2.3(c).

**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.

07/31/2024

DATE

  
MARY ANN BOGAN, ALJ

Date Record Closed:

07/11/2024

Date Filed with Agency:

Date Sent to Parties:

**APPENDIX**

**Witnesses**

**For Petitioner:**

Joanne Pinetti

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**For Respondent:**

Chang Yo Yu

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**Exhibits**

**For Petitioner:**

P-A Letter to Division, dated December 19, 2023

P-B Letter to Division, dated February 14, 2024

P-C Emails to/from TD Bank, dated May 11, 2022 through February 13, 2024

P-D Emails to/from Brandywine at Wall

P-E Letter from Fifth Third Bank re: account closures, dated February 29, 2024

**For Respondent:**

R-1 Application

R-2 RFI letter sent

R-3 Denial letter and "outstanding document list"

R-4 42 CFR 431.244 (f)(4)(i)(B) and N.J.A.C. 10:71-2.3(c)3

R-5 N.J.A.C. 10:71-2.2(e)

R-6 Final agency decision