

### State of New Jersey OFFICE OF ADMINISTRATIVE LAW

#### INITIAL DECISION

OAL DKT. NO. HMA 13304-2023

M.F.

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):

M.F. failed to provide information necessary to determine her eligibility for the N.J.

FamilyCare Aged, Blind, Disabled Program. Petitioner wished to continue her current

Medicaid benefits, however, pursuant to 42 CFR section 435.119, coverage was limited

to individuals who were between the ages of 19 and 64.

New Jersey is an Equal Opportunity Employer

## FINDINGS OF FACT AND CONCLUSIONS OF LAW

Ι.

I **FIND** that petitioner or petitioner's representative is **AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that standing has been established.

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

#### 11.

- ✓ 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 should 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 should 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 should 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 should be **PROCESSED** to determine eligibility under N.J.A.C. 10:71.

# ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW

M.F.'s Medicaid benefits were automatically terminated on January 31, 2024, because

she turned 65 years of age. She was notified by letter dated September 21, 2023 of the

pending termination and requested to provide information to determine if she qualified

for the FamilyCare Aged, Blind, Disabled Program. However, M.F. refused to provide

the information. M.F. may be eligible for the coverage she seeks if she submits an

application.

#### 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.

04/02/2024 DATE Kim C. Belin

, ALJ

03/14/2024

04/02/2024

04/02/2024

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:

### APPENDIX

## **Witnesses**

For Petitioner:

M.F.

# For Respondent:

Jeffrey Pitcher

*с.*\_\_\_\_р

.1..

## **Exhibits**

...

## For Petitioner:

P-1 Amyloidosis Awareness Brochure

P-2 Amyloidosis Foundation Brochure

P-3 Email dated March 11, 2024

## For Respondent:

R-1 Denial letter dated September 21, 2023

R-2 Fair hearing request by M.F.

R-3 42 CFR section 435.119