



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 17451-24

B.R.

Petitioner,

v.

CAMDEN 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):

Petitioner, B.R., through her designated authorized representative (DAR) appeals the decision of the Camden County Board of Social Services (Board), dated September 19, 2024, denying B.R.'s Medicaid application for failing to provide the requested information to determine eligibility. The DAR claims B.R. was a victim of identity theft and that some of the accounts do not belong to B.R.

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

B.R. claims she was a victim of identity theft and that "Mike," was the alleged perpetrator. The DAR claimed they tried to file a police report in the past but she claimed she did not recall what happened. She instead notified the Board she was seeking the requested information from "Mike." In this case, B.R. through her DAR presented hearsay evidence unsupported by a residuum of competent evidence to establish fraud N.J.A.C. 1:1-15 (a)-(b). Most of the requested information remains outstanding. I **CONCLUDE** B.R. did not establish she was a victim of identify theft. I also **CONCLUDE** that B.R. is not eligible for Medicaid benefits.

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.

04/04/2025

DATE



ADVIA KNIGHT FOSTER

, ALJ

Date Record Closed:

04/02/2025

Date Filed with Agency:

Date Sent to Parties:

APPENDIX

Witnesses

For Petitioner:

Rachel Hildeshaim, DAR

For Respondent:

Botonya Harris, Human Services Specialist 3

Exhibits

For Petitioner:

P-1 Globus Response pgs. 1-10

P-2 Telephone recording

P-3 Text communication between "Mike" and B.R. pgs. 11-12

P-4 Text communication between "Mike" Wiersky and Tricia Dublin p. 13

P-5 Email exchange with CFG, dated November 13, 2024 pgs. 14-19

P-6 Undated ledger wire deposit pgs. 20-34

P-7 Account page

P-8 OnBoarding page

P-9 Payment Methods

P-10 Excel spreadsheet Transaction History

P-11 Paypal documents

P-12 Betterment Letter, P-13 Wire/ excel spreadsheet

For Respondent:

R-1 Medicaid Application, dated January 18, 2024

R-2 RFI, dated April 2, 2024

R-3 RFI, dated April 18, 2024

R-4 Email correspondence, dated July 5, 2024

R-5 Denial letter, dated September 19, 2024

R-6 Email correspondence, dated October 9, 2024

R-7 RFI for new Medicaid application

R-8 Respondent's summation
