



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

**INITIAL DECISION**

OAL DKT. NO. HMA 13670-24

D.H.

Petitioner,

v.

Ocean 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):

Copy of the Designated Authorized Representative Form, QIT packet,

QIT bank account, pension statements, savings account statements, and

facility's account ledger and admission form.

**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**

Respondent mailed the request for information to the petitioner's correct address.

Petitioner testified it was never received. The subsequent denial letter was mailed by the respondent to petitioner's same address, in the same manner and was received.

The request for information mailed by respondent was never returned to the respondent.

Petitioner has the burden of proof, and there is a presumption that mail sent to the correct address was received.

Petitioner submitted a new application, provided the required information and the application was approved.

**ORDER**

I **ORDER** that:

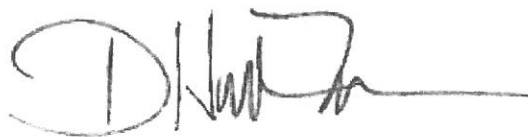
- ☐ Petitioner's appeal is **DISMISSED** because petitioner has no standing.
- ☒ Petitioner is **INELIGIBLE** for Medicaid Only under N.J.A.C. 10:71-2.2(e).
- ☐ Respondent must **EXTEND** the time limit for verification under N.J.A.C. 10:71-2.3(c).
- ☐ The case be **RETURNED** to respondent for respondent 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.

12/24/2024

DATE



Deirdre Hartman-Zohlman, ALJ

Date Record Closed:

December 17, 2024

Date Filed with Agency:

Date Sent to Parties:

**APPENDIX**

**Witnesses**

**For Petitioner:**

Shifra Horowitz, DAR

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**For Respondent:**

Ashley West, Human Services Specialist 3

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## Exhibits

**For Petitioner:**

None

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**For Respondent:**

## R-1 Case notes

R-2 Medicaid application, dated July 25, 2024

R-3 Request for Information, dated July 31, 2024

R-4 Denial notice , dated September 12, 2024

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