



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

**INITIAL DECISION**

OAL DKT. NO. HMA 06541-24

AGENCY DKT. NO. n/a

**J.L.,**

Petitioner,

v.

**UNION COUNTY BOARD  
OF SOCIAL SERVICES,**

Respondent.

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**Shiohban Royster, Esq.** appearing on behalf of petitioner

**Yesmin Diaz, Esq.** appearing on behalf of respondent

Record Closed: April 16, 2025

Decided: June 10, 2025

**BEFORE AURELIO VINCITORE, ALJ:**

**STATEMENT OF THE CASE**

On February 3, 2023, the Union County Board of Social Services (Union County) denied petitioner J.L.'s Medicaid application because he failed to supply requested eligibility verifications to verify statements he made in his application. Is J.L. eligible for Medicaid? No. To obtain eligibility for Medicaid, an applicant must assist the agency in

securing evidence that corroborates his or her statements. N.J.A.C. 10:71-2.2(e).

### **PROCEDURAL HISTORY**

On February 3, 2023, Union County denied petitioner's application for Medicaid's Managed Long-Term Services and Supports (MLTSS) program because petitioner failed to provide the verification information requested.

On May 16, 2024, petitioner appealed the denial.

That same day the Division of Medical Assistance and Health Services transmitted this case to the Office of Administrative Law (OAL) as a contested case under the Administrative Procedure Act, N.J.S.A. 52:14B-1 to-15, and the act establishing the OAL, N.J.S.A. 52:14F-1 to-13, for a hearing under the Uniform Administrative Procedure Rules, N.J.A.C. 1:1-1.1 to -21.6.

After two pre-hearing conferences on January 8, 2025, and March 5, 2025, I held the hearing on April 14, 2025, and kept the record open until April 16, 2025, to allow the petitioner to submit requested additional evidence.

On April 16, 2025, I received the additional evidence and closed the record.

An Order of Extension was entered on June 10, 2025, extending the time for decision to June 18, 2025, owing to voluminous caseload.

### **FINDINGS OF FACT**

Based on the testimony provided and my assessment of its credibility, together with the documents submitted and my evaluation of their sufficiency, I **FIND** the following as **FACT**:

1. On November 28, 2022, J.L. applied for MLTSS through the Union County Division of Social Services.
2. On January 9, 2023, Union County sent J.L. a Request for Information (RFI) seeking the following: (1) a letter from Guardian Disability Insurance listing all disability payment dates, amounts, and deductions; and (2) the Schedule A for the C. L. Irrevocable Living Trust.
3. On January 20, 2023, J.L. faxed a timely response to the RFI. J.L. also mailed the letter, which Union County received on January 31, 2023. This letter included an unlabeled Schedule A with a figure showing \$1,727.53. No further details were provided. The letter also included a Notice of Temporary Disability Claim Decision from Guardian Disability Insurance. The notice listed a weekly benefit figure of \$601 in gross pay, which J.L. had previously submitted.
4. Union County denied the application. First, Union County cited the previously submitted Notice of Temporary Disability Claim Decision from Guardian Disability Insurance. Second, Union County noted that the amount listed did not match the deposits into the account. Moreover, Union County asserted that Schedule A did not explain how C.L.'s Living Trust was funded.
5. In short, Union County needed to verify payment dates, amounts, and deductions from Guardian Disability Insurance in order to reconcile the discrepancy between the weekly payments and numerous deposits into the account.
6. Petitioner did not request additional time to provide this information or indicate that there was difficulty obtaining it from Guardian Disability Insurance.

### **CONCLUSIONS OF LAW**

Congress created the Medicaid program under Title XIX of the Social Security Act. 42 U.S.C. §§1396 to 1396w. The federal government funds the program that the states administer. Once the state joins the program, it must comply with the Medicaid statute and federal regulations. Harris v. McRae, 448 U.S. 297, 300 (1980). New Jersey participates in Medicaid through the New Jersey Medical Assistance and Health Services Act. N.J.S.A. 30:4D-1 to -19.5. The Commissioner of the Department of Human Services has promulgated regulations implementing New Jersey's Medicaid Only program to include income and resource eligibility standards. N.J.A.C. 10:71-1:1 to -9.5; E.S. v. Div. of Med. Assistance and Health Servs., 412 N.J. Super. 340, 347 (App. Div. 2010).

The issue in this case is whether petitioner is eligible.

Both the County Board of Social Services and the applicant have obligations to process and obtain eligibility. Among their mutual and reciprocal responsibilities are the boards' informing applicants about the eligibility requirements and the applicants' responsibilities for obtaining such eligibility. N.J.A.C. 10:71-2.2(c). Moreover, an applicant must assist the agency in securing evidence that corroborates his or her statements. N.J.A.C. 10:71-2.2(e).

In this case, petitioner failed to provide the information the board needed to determine eligibility. In particular, J.L. did not provide the specific information Union County requested, and J.L. never indicated that he could not provide it. More pointedly, J.L. provided no payment dates, amounts, and deductions. In fact, this missing information is wholly unaddressed by J.L.'s January 20, 2023 response. Likewise, the Schedule A associated with C.L.'s Living Trust did not provide any information on the source of the funds in the account or why it did not provide it.

In support of his argument that he is eligible for Medicaid, J.L. cites K.O. v. Div. of

Med. Assistance and Health Svcs., No.A-3010-21 (App. Div. September 26, 2023). J.L. asserts that this case stands for the proposition that the board, not the applicant, is responsible for obtaining information to verify eligibility. J.L.'s reliance on that case, however, is misplaced. In that case, the applicant provided fully responsive answers to the RFI the board sent the applicant. In his case, J.L. did not provide fully responsive answers to the RFI Union County sent him. Unlike K.O.'s responses, J. L.'s responses were not substantially compliant.

Given this discussion of the law, I **CONCLUDE** J.L. is ineligible for Medicaid.

### **ORDER**

Given my findings of fact and conclusions of law, I **ORDER** that J.L. is **INELIGIBLE** for Medicaid and that this case is **DISMISSED**.

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.

June 10, 2025

\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
**AURELIO VINCITORE, ALJ**

Date Received at Agency:

6/10/25

Date Mailed to Parties:

6/10/25

id

**APPENDIX**

**Witnesses**

**For petitioner:**

None.

**For respondent:**

Cherise Graham, Adult Medicaid Supervisor

**Documents**

**For petitioner:**

- P-1 October 8, 2021, Email.
- P-2 September 2, 2022, Email.
- P-3 March 14, 2022, letter to Ms. Walker.
- P-4 January 20, 2023, letter responding to Union County's RFI.
- P-5 Bank Statement and Check Verification.
- P-6 March 2020 verification from Guardian Disability Insurance.
- P-7 Post-Hearing Brief.

**For respondent:**

- R-1 Fair Hearing Packet.