State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 04686-25

V.B.,

Petitioner,

v.

BERGEN COUNTY
BOARD OF SOCIAL SERVICES,

Respondent.

V.B., petitioner, pro se

Rebecca Racer, Human Services Specialist 4, appearing pursuant to N.J.A.C. 1:1-5.4(a)(3) for respondent

Record Closed: July 29, 2025 Decided: August 15, 2025

BEFORE **KELLY J. KIRK**, ALJ:

STATEMENT OF THE CASE

Petitioner's application for New Jersey FamilyCare Aged, Blind and Disabled (ABD) Medicaid for herself and her spouse was denied by the county social services

agency (CSSA), Bergen County Board of Social Services (Board) for failure to submit required verifications. Petitioner appealed the denial by filing a request for a fair hearing.

The Division of Medical Assistance and Health Services (Division) transmitted the contested case to the Office of Administrative Law (OAL), where it was filed on March 15, 2025, for determination as a contested case. The hearing was scheduled for July 3, 2025. On June 27, 2025, petitioner submitted documents to the CSSA, and the CSSA requested an adjournment to review the documents. The hearing was rescheduled and held on July 29, 2025, on which date the record closed.

FINDINGS OF FACT

Background Facts

Petitioner applied for New Jersey FamilyCare Aged, Blind and Disabled (ABD) Medicaid on August 19, 2024, for herself and her spouse. (P-1, R-1.)

The Asset Verification System Results reflected large fluctuations in account balance from June 2021 to November 2021, as follows: June 2021 ($1,147.30); July 2021 ($14;272.83), August 2021 ($40,421.39), September 2021 ($26,728.98), October 2021 ($22,975.78), and November 2021 ($405.63). (R-1.)

By Request for Information letter, dated September 23, 2024, the Board requested that petitioner provide, by October 7, 2024, the following:

1. PROOF OF RESIDENCE FOR THE LAST 5 YRS. (COPY OF DEED/LEASE/RENT RECEIPT)
2. BANK ACCT. HISTORY IN THE NAME OF APPLICANT AND/OR SPOUSE FROM 8-1-19 TO DATE OR CLOSING (QUARTERLY STATEMENTS)
3. PROOF OF SPOUSE'S 2024 GROSS MONTHLY INCOME
4. COPY OF POA DOCUMENT (IF ANY)

[P-1, R-1.]

By notice dated November 27, 2024, the Board notified petitioner of her ineligibility determination as follows:

> Eligibility Determination: Individual failed to provide requested information required to determine eligibility in a timely manner. 42 CFR 435.952
>
> [P-1, R-1.]

Further, a letter dated November 27, 2024, from the Board to petitioner states, in pertinent part:

> The following verifications are needed to evaluate the Medicaid application when you reapply:
>
> 1. CHASE #XXX106-quarterly statements from 8-1-19 to 12-6-23
> 2. CHASE #XXX1061-statements from 6-2021 to 11-2021 (all statements for this time frame)
>
> . . .
>
> Once the outstanding verifications are complete, you can reapply online @ www.bcbss.com.
>
> [P-1, R-1.]

Petitioner did not reapply for Medicaid. Petitioner appealed the denial by filing a request for a fair hearing.

On June 27, 2025, petitioner submitted verifications to the Board. By letter dated July 21, 2025, petitioner was notified that her August 19, 2024 application was approved, effective July 1, 2025.

Testimony

V.B.

V.B. testified that she did not receive the September 23, 2024 letter until October 2, 2025. She went to the Post Office to mail out all the requested documents to the Board but then was afraid the Board would not receive the documents in time, so she made a copy and also hand delivered the documents to the Board. It was a thick envelope. She was told to leave it in a basket at the Board office. The same copy that was mailed was also hand delivered to the Board. Her application should not have been denied. She did not know she had to reapply and she understood that eligibility would be retroactive.

Rebecca Racer

Racer testified that the Board did not receive any documents from petitioner, via mail or hand delivery, in response to the Board's September 23, 2024 letter until June 27, 2025, when the Board's September 23, 2024 letter was returned with the handwritten notations "Done," next to requests 1 and 2, a typewritten "Done" next to request 3 and "Lease—what else?" next to request 4, and with documents attached.

LEGAL ANALYSIS AND CONCLUSION

"Managed long-term services and supports (MLTSS)" means services that are provided under the New Jersey 1115 Comprehensive Waiver through Medicaid/NJ FamilyCare MCO plans, the purpose of which is to support clients who meet nursing home level of care in the most appropriate setting to meet their specific needs, allowing them to remain at home in the community instead of living in a nursing facility. N.J.A.C. 10:74-1.4. Individuals qualify for MLTSS by meeting established Medicaid financial requirements and Medicaid clinical and age and/or disability requirements for nursing facility services contained at N.J.A.C. 10:69, 70, 71, or 72. Ibid. Once qualified to receive

MLTSS, the individual must be enrolled with a managed care organization (MCO) in order to receive MLTSS services. Ibid.

Any aged, blind or disabled person who believes he/she is eligible shall be assured an opportunity to make application or reapplication for Medicaid Only by completing the appropriate application form. N.J.A.C. 10:71-1.6(a)(1). The applicants or beneficiaries are the primary source of information, but it is the responsibility of the CSSA to make the determination of eligibility and to use secondary sources when necessary, with the applicant's knowledge and consent. N.J.A.C. 10:71-1.6(a)(2). The CSSA must promptly evaluate information received or obtained by it in accordance with regulations to determine whether such information may affect the eligibility of an individual or the benefits to which he or she is entitled. 42 C.F.R. § 435.952(a).

Eligibility must be established in relation to each legal requirement to provide a valid basis for granting or denying medical assistance. N.J.A.C. 10:71-3.1(a). The resources criteria and eligibility standards apply to all applicants and beneficiaries. N.J.A.C. 10:71-4.1(a). As a condition of eligibility for the Medicaid Only Program, applicants must also comply with the income standards. N.J.A.C. 10:71-5.1(a).

Petitioner appealed the denial of Medicaid eligibility, and the matter was transmitted to the OAL in March 2025. Petitioner submitted documents to the CSSA in June 2025, and her Medicaid application was approved, effective July 1, 2025. However, petitioner seeks eligibility retroactive to the date of application. Racer testified that the CSSA did not receive any documents from petitioner, via mail or hand delivery, until June 27, 2025. Although petitioner testified that she timely submitted all required documents prior to the deadline, her testimony was not consistent and it was also contradicted by her Addendum and other documents. Petitioner testified that she did not receive the September 23, 2024, letter until October 2, 2024, and that she mailed and hand delivered all requested documents prior to October 7, 2024. However, petitioner's Addendum states, "On or about October 30, 2024, I received a correspondence dated September 23, 2024" and "I was required to provide additional information/documentation on or before October 7, 2024." (P-1.) Her Addendum further states that all the requested

information was delivered via mail and hand delivery on October 1, 2024, and that she received a denial letter from the Board on or about November 7, 2024. (P-1.) Further, although petitioner's testimony and Addendum were that she timely submitted the documents to the CSSA either on October 1, 2024, or on or before October 7, 2024, it is observed that the documents she purportedly attached to the marked-up September 23, 2024 letter include a Notice to Quit dated December 1, 2024 and a Chase Bank account statement for October 4, 2024 through November 5, 2024—which documents could not have been provided to the CSSA in October 2024.

In view of the foregoing, I **CONCLUDE** that Board properly denied petitioner's Medicaid application for failure to timely submit required verifications.

ORDER

It is hereby **ORDERED** that Board's November 27, 2024 denial of Medicaid eligibility is **AFFIRMED**. However, this Order does not affect the July 21, 2025 approval letter, whereby petitioner's Medicaid was approved effective July 1, 2025.

I **FILE** my initial decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** for consideration. This recommended decision may be adopted, modified, or rejected by the **ASSISTANT COMMISSIONER**, who is authorized to make a final decision in this case. If the **ASSISTANT COMMISSIONER** does not adopt, modify, or reject this decision within forty-five days, and unless such time limit is otherwise extended, this recommended decision becomes a final decision under N.J.S.A. 52:14B-10(c).

Within seven days from the date on which this recommended decision is mailed to the parties, any party may file written exceptions at **ASSISTANT COMMISSIONER, DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES, Mail Code #3, PO Box 712, Trenton, New Jersey 08625-0712**, marked "Attention: Exceptions." A copy of any exceptions must be sent to the judge and to the other parties.

Kelly J Kirk

August 15, 2025

DATE

KELLY J. KIRK, ALJ

Date Record Closed:

Date Filed with Agency:

Date Sent to Parties:

am

APPENDIX

LIST OF WITNESSES

For Petitioner:

V.B. (Interpreter: A.A., petitioner's daughter)

For Respondent:

Rebecca Racer

EXHIBITS IN EVIDENCE

For Petitioner:

P-1 Petitioner Packet

For Respondent:

R-1 Agency Packet