



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 08257-25

AGENCY DKT. NO. N/A

W.H.,

Petitioner,

v.

**DIVISION OF MEDICAL
ASSISTANCE AND HEALTH
SERVICES,**

Respondent.

W.H., petitioner, pro se

Judith Coles, New Jersey Family Care Specialist, for respondent pursuant to
N.J.A.C. 1:1-5.4(a)(3)

Record Closed: July 30, 2025

Decided: August 6, 2025

BEFORE **SARAH G. CROWLEY**, ALJ:

STATEMENT OF THE CASE

Petitioner, W.H., appeals the November 8, 2024, decision of respondent, Division of Medical Assistance and Health Services (DMAHS or agency) denying petitioner's application for Medicaid. The denial was predicated on the failure to provide verification

information necessary to determine Medicaid eligibility pursuant to N.J.A.C. 10:71-2.2(e)2.

PROCEDURAL HISTORY

W.H. filed a timely notice of appeal and the matter was transmitted to the Office of Administrative Law (OAL) where it was filed on May 12, 2025, as a contested case. N.J.S.A. 52:14B-1 to -15 and N.J.S.A. 52:14F-1 to -13. The case was heard via telephone on July 30, 2025, and the record closed at that time.

FACTUAL DISCUSSION AND FINDINGS

Testimony

For petitioner

W.H. testified on his behalf. He testified that the information was sent to the agency and the agency then notified him he was over the income limit. He had questions about the eligibility limits and the coverage for his children. He did not dispute that there were subsequent requests for documents that may not have been provided to the agency by the deadline. He also did not dispute the income of his household which the agency advised was over the income limit. He testified that he did not receive the package in question from the agency until the week of this hearing. However, he did not dispute any of the information contained in the packet.

Judith Coles is employed by the New Jersey DMAHS, NJ Family Care State Monitoring Unit. She identified a packet that was entered into evidence as R-1. The packet contained a copy of the application that was submitted, as well as letters requesting additional documentation and verification regarding income. She further testified that the documentation was not timely received and thus, the petitioner's eligibility was terminated for failure to provide information. She further testified that the information that was ultimately received demonstrated that the family was over income for coverage,

but the children were covered under another plan. However, she clarified that this current appeal is for the failure to provide requested verification and not income eligibility.

LEGAL ANALYSIS AND CONCLUSIONS

Medicaid “is designed to provide medical assistance to persons whose income and resources are insufficient to meet the costs of necessary care and services.” L.M. v. N.J. Div. of Med. Assistance and Health Servs., 140 N.J. 480, 484 (1995) [quoting Atkins v. Rivera, 477 U.S. 154, 156, 106 S. Ct. 2456, 2458, 91 L. Ed. 2d 131, 137 (1986)]. If a state chooses to participate in the Medicaid program, it must adopt a state plan that complies with the federal Medicaid Act and the regulations adopted by the Department of Health and Human Services. 42 U.S.C.A. §§1396a; Estate of G.E. v. Div. of Med. Assistance and Health Servs., 271 N.J. Super. 229 (App. Div. 1994).

New Jersey has elected to participate in the Medicaid program and the Commissioner of the Department of Human Services is responsible for the operation of the program. N.J.S.A. 30:4D-1 et seq. The Division DMAHS is the State administrative agency responsible for administering the Medicaid program in New Jersey. N.J.A.C. 10:71-2.2(c) addresses the County Welfare Agency’s (CWA) responsibility in the Medicaid application process. It provides, in pertinent part, that the CWA exercises direct responsibility in the application process to: “Inform the applicants about the purpose and eligibility requirements for Medicaid Only, inform them of their rights and responsibilities under its provisions . . . ;” N.J.A.C. 10:71-2.2 (e)(2), addresses a participant’s responsibilities, it provides, in pertinent part, that an applicant shall assist the CWA in securing evidence that corroborates his or her statement.

In the present case, the agency denied the petitioner’s Medicaid application for the failure to provide requested verification documents in a timely manner. The agency requested the documents on September 16, 2024, and terminated eligibility on November 18, 2024, when the documentation was not provided by November 16, 2022. It was further demonstrated that the petitioner was not eligible due to over income. However, the over-income issue is not before the undersigned and is subject to a separate appeal.

I, therefore, **CONCLUDE** the evidence supports that the denial of the application was proper due to the failure to provide income verification that was requested in a timely manner.

ORDER

Based on the foregoing, the denial of the Medicaid application is **AFFIRMED**, and the appeal is hereby **DISMISSED**.

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.

August 6, 2025

DATE



SARAH G. CROWLEY, ALJ

Date Received at Agency:

Date Mailed to Parties:

SGC/lam

APPENDIX

WITNESSES

For petitioner

W.H.

For respondent

Judith Coles

EXHIBITS

For petitioner

None

For respondent

R-1 Fair hearing packet