



STATE OF NEW JERSEY

In the Matter of Precious Bonaparte-
Hunt, Hudson County, Department of
Family Services

CSC DKT. NO. 2020-401
OAL DKT. NO. CSV 11809-19

DECISION OF THE
CIVIL SERVICE COMMISSION

ISSUED: NOVEMBER 24, 2020 BW

The appeal of Precious Bonaparte-Hunt, Human Services Specialist 3, Hudson County, Department of Family Services, 60 working day suspension, on charges, was heard by Administrative Law Judge Nanci G. Stokes, who rendered her initial decision on October 20, 2020. Exceptions were filed on behalf of the appointing authority and a reply to exceptions was filed on behalf of the appellant.

Having considered the record and the Administrative Law Judge's initial decision, and having made an independent evaluation of the record, the Civil Service Commission (Commission), at its meeting on November 24, 2020, accepted and adopted the Findings of Fact and Conclusion as contained in the attached Administrative Law Judge's initial decision to modify the 60 working day suspension to a 30 working day suspension.

Since the penalty has been modified, the appellant is entitled to 30 days of back pay, benefits, and seniority, pursuant to *N.J.A.C. 4A:2-2.10*. However, the appellant is not entitled to counsel fees. Pursuant to *N.J.A.C. 4A:2-2.12(a)*, the award of counsel fees is appropriate only where an employee has prevailed on all or substantially all of the primary issues in an appeal of a major disciplinary action. The primary issue in any disciplinary appeal is the merits of the charges, not whether the penalty imposed was appropriate. See *Johnny Walcott v. City of Plainfield*, 282 *N.J. Super.* 121, 128 (App. Div. 1995); *James L. Smith v. Department of Personnel*, Docket No. A-1489-02T2 (App. Div. March 18, 2004); *In the Matter of Robert Dean* (MSB, decided January 12, 1993); *In the Matter of Ralph Cozzino* (MSB, decided September 21, 1989). In the case at hand, although the penalty

was modified by the Commission, charges were sustained and major discipline was imposed. Thus, the appellant has not prevailed on all or substantially all of the primary issues of the appeal. Consequently, as the appellant has failed to meet the standard set forth at *N.J.A.C. 4A:2-2.12(a)*, counsel fees must be denied.

This decision resolves the merits of the dispute between the parties concerning the disciplinary charges and the penalty imposed by the appointing authority. However, in light of the Appellate Division's decision, *Dolores Phillips v. Department of Corrections*, unpublished, Docket No. A-5581-01T2F (App. Div. Feb. 26, 2003), the Commission's decision will not become final until any outstanding issues concerning back pay are finally resolved.

ORDER

The Civil Service Commission finds that the action of the appointing authority in disciplining the appellant was justified. The Commission therefore modifies the 60 working day suspension to a 30 working day suspension. The Commission further orders that appellant be granted 30 days of back pay, benefits, and seniority. The amount of back pay awarded is to be reduced and mitigated as set forth in *N.J.A.C. 4A:2-2.10*. An affidavit of mitigation shall be submitted by or on behalf of the appellant to the appointing authority within 30 days of issuance of this decision.

Counsel fees are denied pursuant to *N.J.A.C. 4A:2-2.12*.

The parties must inform the Commission, in writing, if there is any dispute as to back pay within 60 days of issuance of this decision. In the absence of such notice, the Commission will assume that all outstanding issues have been amicably resolved by the parties and this decision shall become a final administrative determination pursuant to *R. 2:2-3(a)(2)*. After such time, any further review of this matter shall be pursued in the Superior Court of New Jersey, Appellate Division.

DECISION RENDERED BY THE
CIVIL SERVICE COMMISSION ON
THE 24TH DAY OF NOVEMBER, 2020



Deirdre L. Webster Cobb
Chairperson
Civil Service Commission

Inquiries
and
Correspondence

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Attachment



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. CSV 11809-19

AGENCY DKT. NO. 2020-401

**IN THE MATTER OF PRECIOUS BONAPARTE-
HUNT, HUDSON COUNTY DEPARTMENT OF
FAMILY SERVICES**

Ty Hyderally, Esq., appearing for Appellant (Hyderally & Associates, Attorneys)

Ivan Tukhtin, Esq., appearing for Respondent (Scaricini Hollenbeck, Attorneys)

Record Closed: September 18, 2020

Decided: October 20, 2020

BEFORE Nanci G. Stokes, ALJ:

STATEMENT OF THE CASE

Appellant did not correctly assess income earned or resolve discrepancies on Medicaid applications of client B.C. in 2017 and 2019, which resulted in improper approvals despite B.C.'s financial ineligibility. Should appellant be disciplined? Yes. Under N.J.A.C. 4A:2-2.3(a)(1), (3), (6) and (7), an employee that fails, neglects, or is unable to perform the duties of the position, or engages in conduct unbecoming a public employee, or for other sufficient cause may be subject to discipline.

PROCEDURAL HISTORY

On May 24, 2019, Hudson County Department of Family Services (Hudson) served appellant with a Preliminary Notice of Disciplinary Action (PNDA). In its notice, Hudson charged appellant with incompetency, inefficiency or failure to perform duties in violation of N.J.A.C. 4A:2-2.3(a)(1); insubordination in violation of N.J.A.C. 4A:2-2.3(a)(2); inability to perform duties in violation of N.J.A.C. 4A:2-2.3(a)(3); conduct unbecoming a public employee in violation of N.J.A.C. 4A:2-2.3(a)(6); neglect of duty in violation of N.J.A.C. 4A:2-2.3(a)(7); misuse of public property, including motor vehicles in violation of N.J.A.C. 4A:2-2.3(a)(8); and other sufficient cause in violation of N.J.A.C. 4A:2-2.3(a)(12).

In that notice, Hudson specified that on September 27, 2017, appellant received the case of client B.C. as the intake worker, the reviewer, and processor. On September 27, 2017, appellant was in the Temporary Assistance for Needy Families (TANF) and Food Stamps (FS) Medicaid unit. B.C. is a single male applicant and the Medicaid Only unit should process his application. Given appellant's status as a human services specialist level 3 (HSS3), appellant would know this rule. In processing the application, appellant accepted employer income verification that differed from the Department of Human Services eligibility verification (DOVE) system report. B.C. was ineligible for Medicaid assistance based on income in the DOVE report, and because of appellant's processing the application, B.C. was overpaid.

Hudson further specified that on February 8, 2019¹, appellant again processed a Medicaid application for the same client, B.C. As B.C. is a single male, the case again belonged in the Medicaid-Only unit. Applicant B.C. was not screened nor and his application was not logged in. Hudson charges that appellant accepted the same employer letter, absent the 2017 date. The DOVE report of February 2019 similarly showed substantially higher earnings than the employer letter. DOVE showed yearly

¹ Testimony and documentation demonstrate appellant processed the application on February 7, 2019.

earnings of \$36,000 while the employer letter indicates \$250 per week or \$12,990 per year. Nonetheless, appellant submitted B.C.'s application for approval with retroactive funding. Hudson specifies that it was improper for appellant to take or process the application. A different unit on a separate floor processes Medicaid only cases. Supervisor Sembiak reviewed B.C.'s case, noted the inconsistencies, and denied the 2019 application before issuing Medicaid benefits.

The PNDA sought discipline of an undetermined suspension and removal from employment, and petitioner requested a departmental hearing.

On July 8, 2019, Hudson conducted a departmental hearing, and on July 24, 2019, the hearing officer rendered a decision sustaining all charges but insubordination and misuse of public property.

A Final Notice of Preliminary Disciplinary Action (FNDA) dated July 26, 2019, sustained the charges of incompetency, inefficiency or failure to perform duties in violation N.J.A.C. 4A:2-2.3(a)(1); inability to perform duties in violation of N.J.A.C. 4A:2-2.3(a)(36); conduct unbecoming a public employee in violation of N.J.A.C. 4A:2-2.3(a)(6); neglect of duty in violation of N.J.A.C. 4A:2-2.3(a)(7); incompetency and suspended appellant for sixty days beginning on August 26, 2019, and ending on November 15, 2019.

On August 2, 2019, appellant appealed the FNDA.

On August 23, 2019, the Civil Service Commission transmitted the case to the Office of Administrative Law (OAL) 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 -23, for a hearing under the Uniform Administrative Procedure Rules, N.J.A.C. 1:1-1.1 to -21.6.

On September 18, 2019, I held a prehearing conference under N.J.A.C. 1:1-13.1 to discuss hearing availability, the nature of the proceeding, the issues to be

resolved, and any unique evidentiary problems. I permitted additional time for discovery and scheduled hearings for March 12, April 27, and June 4, 2020. I conducted the initial hearing date, but I adjourned the April 27, 2020, hearing because of COVID-19 concerns and scheduled a third hearing date on June 10, 2020. The June 4 and June 10, 2020, hearing dates proceeded via Zoom. At the request of the parties, I kept the record open for receipt of transcripts and written summations.

On September 18, 2020, I received the summations and closed the record.

DISCUSSION AND FINDINGS OF FACT

Background

The parties do not dispute the following background facts, and I **FIND** them as **FACT**:

Appellant was hired by Hudson in 2011 as a human services specialist level one (HSS1), and in 2015, Hudson promoted appellant to an HSS3. Appellant was an HSS3 when B.C.'s submitted his 2017 and 2019 Medicaid applications. During her employment with Hudson, appellant worked in both the Medicaid Hospital Outreach unit (Medicaid Outreach) and the new case TANF FS Medicaid unit (TANF-new case unit) located on the same floor.

The job description for an HSS3 states that the position is one of a "lead worker" who evaluates, performs a spotcheck reviews, handles difficult cases, investigates, prepares summaries, collects information, provides information, assembles and analyzes data, instructs employees, and may supervise employees.

Hudson is responsible for Medicaid services of Hudson county residents.

Hudson provided Medicaid training to appellant and Medicaid applications require verification of both non-financial and financial factors of eligibility including multiple levels of evaluation.

Applicant income verification can be through multiple sources, and may be handwritten. The Hudson Medicaid Desk Guide (Desk Guide) used in training includes "Sources of documentation" for income and eligibility determinations:

The **most recent tax return** is required for every household member of the files taxes. This is the foremost piece of documentation that we use to verify income. If a household member does not file, he or she can provide pay stubs for the past 30 days prior to the application date, a benefit letter, or current letter from employer (if the person is paid off the books). All or most of this information can be verified by using DOVE, DABS, LOOPS, etc. however, if requests for documentation or refused or exhausted, **income can be self-attested.**

[ibid. at p. 23 (emphasis in original)].

The TANF-new case unit processes applications from clients coming into the unit and those submitted by mail or online. Screeners are located in the unit's lobby and sort the "walk-in" clients obtaining initial client information such as name and address. When the client is a walk-in, the front desk clerk assigns the client to an "interviewer." An "interviewer" often acts as a "processor" for walk-in clients.

A "processor" obtains eligibility information, including income verification, leading to a modified adjusted gross income (MAGI) calculation and Medicaid budget that establishes eligibility which the processor signs. Once the processor obtains all information and prepares a Medicaid budget establishing financial eligibility, the case goes to a "reviewer" who assesses the application, ensures entry of all necessary information, and signs off on the client's budget granting Medicaid eligibility. A processor or interviewer cannot act as a reviewer on the same Medicaid application.

“Pending” letters address information discrepancies in the application and request additional materials necessary to determine eligibility.

B.C. submitted Medicaid applications in 2017 and 2019 as a single adult. Both Medicaid applications included DOVE reports identifying quarterly wages reported by B.C.’s employer, but the reports did not state wages in the thirty days before the applications.

In 2017, appellant signed off as the “reviewer” of B.C.’s application, and in 2019, appellant signed off as the “processor” of B.C.’s application. Thus, the 2019 application required another person, an HSS3 or supervisor, to review the application.

Hudson investigated B.C.’s 2019 Medicaid application, which led to a comparison of his 2017 Medicaid application. B.C. received Medicaid benefits in 2017 through fabricated employer income information, but was ineligible because of his actual income. Indeed, B.C. later agreed to repay Hudson for the improper benefits he received. B.C. did not receive Medicaid benefits in 2019. Although Hudson referred B.C.’s 2019 application to the fraud unit after appellant processed his application, Hudson did not refer B.C.’s 2017 application to the fraud unit.

Appellant received no discipline before the suspension in this case.

Respondent’s Case

Linda Guzman

Guzman worked for Hudson’s Medicaid department from 1979 to 2019 and served as a worker, trainer, and supervisor. Guzman was an administrative supervisor from 2007 until 2019 and was the administrative supervisor for the TANF-new case unit when B.C. applied for Medicaid in 2017 and 2019.

In 2013, Guzman notified all supervisors in the unit that single adults and couples without children require application referral to the Affordable Care Act (ACA) or "Medicaid Only" unit located on a separate floor. Guzman's memorandum directed all supervisors to communicate this change to all reporting employees.

Guzman testified as to procedures for Medicaid applications when a client comes to the unit. Once the screener completes initial questioning to ensure the client is in the correct location, the application goes to a processor that interviews the client and obtains eligibility information leading to a Medicaid budget that the processor signs. An HSS1 can perform this task. The application is "banked" or delayed if additional information is needed and pulled for review once received.

Once the application includes all information, a reviewer assesses the application and "signs off," meaning that the reviewer approved the client's budget granting Medicaid eligibility. An HSS3 can perform this task although an HSS3 may not serve as both a processor and reviewer. A supervisor can also act as a reviewer when needed.

The application then goes to a supervisor who does not supervise or review the eligibility process; instead, the supervisor performs document control, ensuring all documents are present and then provides the completed applications to clerks for batching into an electronic file. Guzman testified that although the Medicaid budget form includes a place for a "unit authorization" signature, this section is name stamp and that person does not review the application or documentation.

On March 6, 2019, Guzman prepared an inter-office memorandum for the division director and Hudson's fraud investigator concerning Medicaid procedures and the events surrounding B.C.'s 2017 and 2019 Medicaid applications. On March 15, 2019, she revised the memorandum.

Guzman testified that she became aware of concerns with B.C.'s 2019 application when a supervisor, Ms. Semeniak, noted the application had several issues and asked Guzman for advice.

First, B.C. supplied a Bergen county address though he applied for Medicaid in Hudson county, and an applicant must live in the county where receiving benefits.

Second, B.C.'s income was an issue. DOVE, a system where employers report employee salary to the State identifying paychecks issued to their employees, stated an annual salary of nearly \$36,000, which disqualified B.C. for Medicaid. B.C. submitted an employer letter reporting \$250 per week or \$12,990 in yearly salary that was accepted by appellant. Guzman testified that because DOVE noted the same employer as identified on the letter, and a salary discrepancy of more than twenty-five percent existed, the income difference raised a significant red flag. In such a case, the client should receive a thirty-day pending letter—not approval.

Yet, appellant approved the application and it included retroactive assistance benefits.

This is what should have happened: If the processor notes a discrepancy when the client is present, the processor addresses the issue before recommending approval and documents the discussion in the case record. A processor should not accept an employer letter without DOVE verification; indeed, clients usually provide pay stubs to verify income. Only when DOVE and the applicant's statement of earnings are within ten percent, will a client not need additional salary documentation. Yet, B.C.'s case record noted no attempts to address the salary inconsistency. Also, Guzman testified that if the client previously received assistance, the processor should review the prior case as part of the application assessment. In fact, the budget form includes a section to identify any prior case number.

Guzman further testified that B.C.'s case did not belong with appellant; instead, the case belonged in a different unit, the Medicaid Only unit, located on a different floor. Ms. Semeniak acted as a reviewer for B.C.'s 2019 application because appellant signed off as a processor. Ms. Semeniak did not approve B.C. for Medicaid; instead, Ms. Semeniak asked Guzman for advice on B.C.'s application.

During her investigation of B.C.'s 2019 Medicaid application, Guzman reviewed B.C.'s 2017 case. Guzman could not determine who acted as the processor on the 2017 application as the signature on the budget worksheet is illegible, and no typed name is listed. Supervisors maintain lists of processed cases, and the 2017 list logging in B.C. indicates appellant was an interviewer. However, appellant also signed off as the reviewer on B.C.'s 2017 Medicaid budget that approved his Medicaid eligibility. Being an interviewer and reviewer would not comport with checks and balances in place.

Guzman testified that B.C. submitted an employer letter dated September 26, 2017, that appeared identical to the employer letter supplied in 2019, without the 2017 date. Again, a comparison of the 2017 employer letter to DOVE revealed a significant salary discrepancy. Appellant worked in the TANF-new case unit when she reviewed B.C.'s 2017 single adult application. Guzman testified that as a result of the 2017 budget approval, B.C. improperly received Medicaid benefits.

Guzman recalled that appellant reported a racial discrimination complaint regarding Ms. Issac, a trainer, in April 2018. Guzman testified that she may have spoken with Ms. Issac but did not recall a formal investigation and was not Ms. Issac's supervisor.

Yasmin Saleh

Until July 2019, Saleh worked in the TANF-new case unit as a supervisor, a human services specialist level four (HSS4). Saleh was appellant's supervisor when

appellant processed B.C.'s 2019 Medicaid application, but she was not appellant's supervisor in 2017 and had no personal knowledge of B.C.'s 2017 Medicaid application.

Saleh testified that on February 7, 2019, appellant's assignment was to DIMS where appellant scanned cases into the computer system to permit Hudson to dispose of physical files. Saleh confirmed that appellant's DIMS assignment was a special duty not just on February 7, 2019, but also for an extended period. Notably, appellant was not assigned to interview applicants or process Medicaid applications on that date, and no supervisor asked Saleh to utilize appellant for that purpose.

Moreover, Saleh testified the TANF-new case unit did not process single adults' applications; instead, a different floor handled single adults seeking Medicaid.

Saleh continued. In reviewing the 2019 DOVE report and B.C.'s employer income letter, Saleh noted a significant income discrepancy. Thus, a request for additional information should have been the next step, but the case showed no evidence of such a request. An HSS3, such as appellant, can serve as a reviewer but should go to a supervisor to "bank" or delay the case until Hudson received additional information to resolve any discrepancy. Although employer verification letters are sufficient in some circumstances, B.C.'s application presented areas of concern because it was for a single adult and showed income discrepancies.

Saleh prepared a report following her discussion with appellant about how appellant became involved in B.C.'s case, given her DIMS review assignment on February 7, 2019. Appellant told Saleh that she spoke with B.C. at the TANF-new case unit front desk, and advised B.C. that he needed to reapply, and supplied him with a Medicaid application, which she processed. Appellant placed B.C.'s application on the desk of the Medicaid Outreach supervisor, Ms. Rodil. Still, Ms. Rodil was not the processing supervisor, so she gave the case to another supervisor, Ms. Semeniak.

Christine Booth

Booth currently serves as the provisional administrative supervisor, and before this position, Booth served as the assistant administrative supervisor for approximately four years.

Booth similarly explained that the Medicaid only unit is on the third floor, and since 2013, the TANF-new case unit is on a separate floor, the fifth floor. Applications are pre-screened to confirm what the applicant seeks and to assign the applicant to an interviewer. If the interviewer concludes the application is ready to process, the interviewer will process the application. If the application is not complete, a letter will go out to the applicant asking for any additional information needed for processing.

The next step is performed by a reviewer who is at least an HSS3 and who must correct any application issues or bring issues to the supervisor's attention. If there is an income discrepancy of more than ten percent between the DOVE report and income verification of the applicant, the reviewer should determine why and verify the income.

Booth testified that the clerk gave B.C.'s 2019 application to appellant to process, although appellant was not assigned to process Medicaid applications for the TANF-new case unit or the Medicaid Outreach program at that time. Instead, appellant's assignment was to DIMS review. Booth acknowledged that appellant was a "team player" and would help out when asked.

Booth further testified that appellant processed B.C.'s application improperly because obvious income issues existed with the application and that appellant should have issued a delay letter instead of approving B.C. for benefits. Booth was unaware of any financial gain appellant would have received for B.C.'s applications.

James Fisher

Fisher is an investigator with the Hudson County Division of Welfare, and since 2006, he addressed complaints against employees.

Fisher completed more than 100 investigations, including the investigation of appellant's involvement in B.C.'s 2017 and 2019 Medicaid applications.

To prepare reports memorializing his investigation, Fisher reviewed B.C.'s 2017 and 2019 applications, including the Medicaid budgets, Guzman's memorandum concerning procedures, and her explanation of events relating to B.C.'s application, Saleh's report of her discussion with appellant, and appellant's February 22, 2019, statement. Fisher also interviewed appellant, Guzman, B.C., B.C.'s brother A.C. who employed B.C., Booth, and Saleh.

Fisher testified that the 2017 case file contained the employer verification letter noting income of \$250 per week while the DOVE report noted income of nearly \$31,000 per year. Indeed, B.C. acknowledged the improper payment of the 2017 Medicaid benefits he received and that B.C. established a reimbursement agreement with Hudson County. B.C. asked his brother to submit the false income verification, whereas the DOVE report revealed his actual salary.

During his investigation, Fisher was unable to the identity of the processor for B.C.'s 2017 Medicaid application without a typed name to accompany the processor signature on the budget; however, the "reviewer" section included appellant's printed name, and she signed the budget. Fisher also noted that the case log-in sheet for September 27, 2017, contained appellant's name relative to B.C.'s application and a notation of "interview" in the "interviewer" column instead of listing the name of the interviewer. Only the entries by appellant used the word "interview" in the "interviewer" column instead of a name.

Fisher testified that during appellant's interview, she acknowledged that her assignment was to DIMS on the day she processed B.C.'s 2019 application and that the DIMS assignment was for the week. Appellant further stated that she knew B.C. from the upstairs cafeteria in the building she worked. As to her involvement with B.C.'s 2019 application, appellant told Fisher that she was at the TANF-new case unit counter when B.C. came into the floor.

Appellant told Fisher she advised B.C. to complete a new Medicaid application because his prior case closed more than six months earlier, and gave him an application. The clerk provided appellant with B.C.'s application for processing, and appellant assumed the clerk logged the case in the system. As to the discrepancy in B.C.'s income on the employer verification letter she accepted and the DOVE report, appellant stated the letter was acceptable as income verification. The 2019 DOVE report noted nearly \$36,000 in income compared to the \$12,990 of income in the 2019 employer verification unchanged from 2017. Appellant processed the case and put it on a supervisor's desk, although not her supervisor's desk. Fisher testified that appellant's answers to questions were often unresponsive, and that she was visibly upset during the interview.

Appellant prepared a written statement on February 22, 2019, noting that she spoke to B.C. about renewing his Medicaid benefits and told him he had a right to reapply for Medicaid benefits but that he had to provide documents requested by the redetermination department. The clerk gave appellant the materials when B.C. dropped them off, and appellant "decided to process the case," given her frequent assistance to the Medicaid Outreach department. Appellant further stated that she gave the case to the Medicaid supervisor to review the application.

Aside from the income discrepancy and unclear reason why the appellant involved herself in B.C.'s case given her DIMS assignment, Fisher also noted issues of B.C.'s multiple addresses.

Al Robilio

Robilio serves as the Hudson County Division of Welfare training supervisor. Before his seven years in that role, Robilio served as the assistant training supervisor for twenty years. As the training supervisor, Robilio oversees the training unit for employees, and the training focuses on employee duties, program eligibility, and program procedures. Robilio testified that different floors address new cases based on the applicant's status: the fifth-floor processes TANF Medicaid cases while the third-floor handles single adults or couples without children. If a family or individual arrives at the incorrect location, the procedure is to transfer the case to the correct floor.

Robilio testified that the Desk Guide's "sources of documentation" prioritizes the documentation used to verify income. Although the section advises that "this information can be verified by using DOVE," Robilio considers DOVE a means to double-check income, primarily when the applicant does not supply a preferred method of income verification, such as a tax return or pay stubs. Self-attestation is permitted as a last resort to verify income.

Robilio testified that B.C.s employer letter "does not come close" to the DOVE report, and a "pending" letter was necessary to address the discrepancy. Robilio explained that the DOVE reports income received "on the books," and an employer letter addresses payments "off the books" that is an acceptable form of income verification, though it is not preferred. Moreover, if income is "off the books," then that income would not be on the DOVE. Robilio also testified that income verification training involves more than just a review of the Desk Guide.

Robilio was on sick leave when appellant presented a racial discrimination complaint against a member of his training staff, and he had no involvement with the claim.

Appellant's Case

Daphnie Wilson

Wilson testified that appellant is dependable and able to switch from one task to another easily. Other employees often ask appellant questions, given her knowledge of the programs and procedures.

Wilson agreed that an employee assigned to a task on a given day would first be directed by a supervisor to perform unassigned tasks.

Wilson testified that applications could be received online, by mail and through individuals or families that walk-in to the department. Wilson explained the application process for walk-ins:

- The third-floor clerk ensures applicants are in the correct department and sends families to the fifth floor.
- The fifth-floor front desk clerk acts as a screener obtaining information such as the applicant's name, address, and programs available.
- The screener then assigns the case to an interviewer and places the file on the interviewer's desk.

Wilson also testified that the Medicaid Outreach program sometimes handles single adults, and the fifth floor has single adult case numbers for that purpose.

Wilson explained that the interviewer reviews the paperwork for proof of address, income, medical bills, identification, birth certificates, or citizen status. A DOVE report is obtained by the interviewer to determine if DOVE matches the applicant's income information. In the TANF-new case unit, an interviewer may also process the application if all information is complete; however, in the Medicaid Outreach unit, the interviewer sends the application to a separate processor. In either case, the processor

verifies income and calculates the applicant's MAGI to establish eligibility, thereby approving or denying the application for benefits. Notably, the processor writes up the budget, signs it, and inputs the information into the computer system. A reviewer ensures the budget is correct and signs off on the budget; yet, the reviewer does not necessarily check the documents. The case file includes a scanned in budget.

With income, the "look back" period is thirty days. Wilson testified that an employment verification letter is accepted for employees receiving cash payments if the letter includes the name and address of the employer, the amount paid before taxes, the frequency of payment, and the employer's signature. Also, the date of the letter must be within thirty days of the application. Wilson testified that employer letters are acceptable to verify income, but that B.C.'s 2019 letter required additional information.

Wilson testified that the DOVE report has a lag because it only reports quarterly earnings, and the last quarter identified will not be in "real time." Thus, DOVE cannot verify the previous thirty days of income and should not determine eligibility. Instead, DOVE shows that the applicant is working and can compare the employer's name and address to an employment verification letter.

Wilson testified that pending letters address discrepancies in applicant documentation stating the issue, information needed, and when due to the agency. Some of the "pending" forms used by the agency note a thirty-day response is required, and others allow a selected due date. Often, the county will send out employer and salary verification letters to ascertain employment information. If an employer fails to cooperate with the applicant and the agency in providing income information, then a self-attestation is permitted. In other words, Hudson accepts self-attestation when all income verification sources are unavailable.

Generally, case referrals to the fraud unit occur after an application is processed, but questions remain, and Hudson sends pending letters concerning the discrepancies.

Also, Wilson testified that she recalled appellant's 2018 racial discrimination complaint concerning a trainer, Ms. Issac. Appellant was trying to assist another person in the training class, and Ms. Issac "called out" appellant for not paying attention and referred to her in French as a "busy monkey." Appellant was upset and emailed a complaint to Wilson. On August 2, 2019, Wilson prepared a document stating she provided a copy of appellant's complaint to the administrator and assistant administrator at appellant's request. Wilson also recalled appellant's complaint concerning how Guzman spoke to her during a meeting in November 2018, cutting her off rudely.

Debra King

King was the Medicaid Outreach supervisor from January 2012 through July 2017 and remained at the county in an administrative capacity. The Medicaid Outreach program worked with federally qualified health center sites and hospitals to facilitate processing for pregnant women and single adults.

King worked with appellant while a Medicaid Outreach supervisor and testified that the TANF-new case unit employees assisted the Medicaid Outreach program. Appellant worked in both units from July 2016 through July 2017. King testified that the TANF-new case unit could process single adult applications. King described appellant as an exemplary employee who would often cover for her when King was out of the office.

King described the interviewer's role as taking the client's information and documentation to determine if the case was ready to be processed. An interviewer would send the pending letter if additional information were necessary. After receiving all materials, a processor reviews the documentation submitted for compliance with the rules and regulations determining eligibility. A reviewer ensures that the processor applied the rules and regulations correctly.

When an applicant drops off or mails the application to the agency, no interview takes place. A clerk registers the application to the correct unit, and a supervisor assigns the case to a processor. Once the processor completes an assessment of the documentation supplied and determines the applicant's eligibility, the case goes to a reviewer. If a reviewer notes a discrepancy or that additional information is necessary, the case goes to the processor to send out a pending letter. Fraud unit referral is unnecessary at that time.

King testified that DOVE is not the most accurate tool to verify income as it does not report income within the past thirty days. DOVE identifies all sources income received by an applicant from an employer or federal agency, such as Social Security, but the information lags by a quarter.

Christine Bell

Bell is currently a social worker in the new case TANF department. From 2013 to 2017, Bell worked in the Medicaid Outreach unit with appellant, and appellant helped train Bell. When King was out, appellant was her supervisor. The TANF unit can process single adult applicants, usually when the unit receives such an application by mail.

Bell testified regarding the lag time for income identified in the DOVE report; DOVE is not used to determine income eligibility. Instead, Hudson must obtain an applicant's income verification in the previous thirty days. Bell agreed that B.C.'s 2017 and 2019 employer letters were adequate to verify income and that an employer letter could be hand-written. An interviewer should "bank" a file with missing information. The processor would determine the next steps in the application that would include pending letters concerning discrepancies, such as a discrepancy between an employer letter and DOVE.

Precious Bonaparte-Hunt

Since July 2012, appellant worked in the Hudson County Department of Family Services. Appellant was an HSS1 for three years and in that role, acting as an interviewer and processor for various program applications. Appellant then became an HSS3 with increased responsibilities that included the role of a reviewer.

The fifth floor at 257 Cornelius Avenue in Jersey City, New Jersey, houses both the Medicaid Outreach unit and TANF-new case unit, which are only split by desks. The Medicaid Outreach unit handled single adults, pregnant women, prisoners, and persons transferred from a family unit to an individual household.

Applicants through the Medical Outreach unit can provide information in several ways: (1) in person; (2) over the phone; and (3) online. An employee cannot turn away an applicant; instead, the worker must process or pend the application. Appellant testified to several instances in which she approved benefits for single adults while in the TANF-new case unit. In those cases, the clerk assigned the cases for processing by another employee, and appellant acted as the reviewer signing off on the budget prepared by the processor.

In 2017, appellant worked in the Medicaid Outreach and the TANF-new case unit. Appellant testified that she acted as the reviewer on B.C.'s 2017 application to ensure that it complied with program rules and regulations. Appellant testified she was not the processor who prepared the budget or signed off on the budget. The processor verified B.C.'s information and performed a MAGI analysis to generate an eligible or ineligible determination though appellant did not know who processed B.C.'s 2017 application. As a reviewer, appellant looks at the applicant's information in the system. If she agrees with the processor's determination, she signs off on the budget as she did on B.C.'s application. If information is missing, she would pend the case.

Appellant testified that she received no value for approving B.C.'s application, and had no personal relationship with B.C.

Appellant testified that on February 7, 2019, appellant began work at 8:00 a.m., and the supervisor handling all assignments, Nikhil Thaker, gave out work assignments upon his arrival at 8:30 a.m. Although appellant's assignment was to DIMS, she received this assignment after she began working and processed B.C.'s application. Indeed, B.C.'s application was on her desk in an envelope when she arrived that day, and appellant did not assign B.C.'s application to herself. If there is a backlog of cases, appellant would often assist the Medicaid Outreach unit, and she assumed this was why the application arrived at her desk.

Appellant testified that she reviewed B.C.'s 2019 Medicaid application and performed a MAGI analysis that determined B.C. was eligible, created B.C.'s budget, and signed off as the processor. Appellant then placed the application on the Medicaid Outreach supervisor's desk as she could not serve as both the processor and reviewer. Either she or the reviewer could send a pending letter to B.C. if there were questions or missing information; instead, the case ended up in the fraud unit.

Appellant testified that a tax return, pay stubs, properly completed employer letter, or a self-attestation are appropriate forms of income verification. Employer income verifications may be hand-written as long as they document the necessary information. Appellant testified that B.C.'s 2019 employer letter was valid to verify his income and that no requirement exists for an employer letter to be typed, in part, or otherwise. The employer letter determined B.C.'s MAGI because it noted B.C.'s income in that last thirty days, and B.C. was eligible for Medicaid. Budgets should have a third signature by either a supervisor or administrator and without the signature, the budget is void.

Although an applicant must receive benefits in the county of residence, the clerk verifies the applicant's address before providing the application to a processor.

Appellant acknowledged that B.C.'s 2019 application identified B.C.'s address as being outside Hudson County.

Appellant testified that the DOVE report is part of the information reviewed before processing; however, the report verifies the applicant's income sources, not the amount of income, because the report supplies outdated income and cannot determine eligibility. However, income verifications such as an employment letter or a self-attestation can determine eligibility, and appellant testified that Hudson County used the same protocols in 2017 and 2019.

Appellant testified that the DOVE's reported income showed a discrepancy compared to B.C.'s 2019 employer letter. Yet, appellant maintains that a supervisor would direct a processor to send out a pending letter because processors do not investigate cases.

Appellant testified that although Guzman requested that appellant issue a statement about B.C.'s 2019 application, Guzman did not inform appellant that she was under investigation.

Appellant testified that she was upset during her interview with Fisher as she had no previous trouble in her employment and was unclear why Fisher requested the interview.

Appellant made two complaints before the investigation and resulting discipline, one concerning race discrimination and another involving a meeting with Guzman. Appellant testified that on April 18, 2018, a trainer called her a "busy monkey" in English and French during a training session, and she reported the incident to her supervisor, Daphne Wilson. In November 2018, Guzman told appellant she had "no right to speak" and to "be quiet" during a meeting appellant requested concerning a disrespectful supervisor, and again, appellant complained to Wilson. Appellant testified that Hudson took no action on her complaints.

Credibility Determination

When witnesses present conflicting testimonies, the trier of fact must weigh each witness's credibility and make a factual finding. In other words, credibility is the value a fact-finder assigns to the testimony of a witness incorporating the overall assessment of the witness's story in light of its rationality, consistency, and how it comports with other evidence. Carbo v. United States, 314 F.2d 718, 749 (9th Cir. 1963). Credibility findings "are often influenced by matters such as observations of the character and demeanor of witnesses and common human experience that are not transmitted by the record." State v. Locurto, 157 N.J. 463, 474 (1999).

A fact-finder "is free to weigh the evidence and to reject the testimony of a witness, even though not directly contradicted when it is contrary to circumstances given in evidence or contains inherent improbabilities or contradictions ...[that] excite suspicion as to its truth." In re Perrone, 5 N.J. 514, 521-22 (1950). Credible testimony must not only proceed from the mouth of credible witnesses but must be credible in itself. Id. at 522. Indeed, rejecting the testimony of a witness, in whole or in part, rests with the trier and finder of facts and must simply be reasonable. Renan Realty Corp. v. Community Affairs Dept., 182 N.J. Super 415, 421 (App. Div. 1981).

In judging the witnesses' credibility, I **FIND** that the testimony of the respondent's witnesses is credible and persuasive as to appellant's improper actions regarding B.C.'s 2017 and 2019 Medicaid applications. Case documents, reports authored, or statements given concerning the investigation of B.C.'s 2019 application leading to a review of B.C.'s 2017 application corroborated this testimony. Respondent's witnesses testified in a straight-forward and rational manner regarding the investigation and procedures in place to ensure Medicaid eligibility is subject to multiple checks and balances. I observed no indication of animosity toward appellant and I reject appellant's intimation that her 2018 complaints related to Hudson's charges. Conversely, I **FIND** that appellant's testimony was often inconsistent with her prior statements during the

2019 investigation and lacked similar corroboration. Appellant's attempts to distance herself from improper actions regarding B.C.'s applications were not believable.

Additional Findings

Based upon the testimony provided, and my assessment of its credibility, together with the documents submitted, and my assessment of their sufficiency, I make the following additional **FINDINGS of FACT**:

I **FIND** that a preponderance of the evidence does **NOT** exist that B.C.'s 2019 application was simply on appellant's desk upon her arrival on Thursday, February 7, 2019, or that appellant should have processed the application given her DIMS special assignment and lack of supervisor direction to do so. Appellant maintains that she was not given her DIMS assignment until after she processed B.C.'s 2019 application at approximately 8:00 a.m.; yet, her DIMS assignment was for at least the week, not just that day. The Medicaid Outreach unit occasionally processed single adult Medicaid applications; still, appellant's normal assignment was to the TANF-new case unit, and no supervisor asked appellant to process applications that day. Significantly, appellant's testimony differs from her recount to Saleh and Fisher of the events leading to her processing B.C.'s 2019 application. Indeed, appellant told both Fisher and Saleh that on February 7, 2019, she was at the front desk of the TANF-new case unit where she spoke with B.C. about his need to re-apply for Medicaid benefits and later processed the application. Moreover, appellant's February 22, 2019, statement recites that she spoke with B.C. about the status of his Medicaid redetermination and that once B.C. supplied requested documents, the clerk gave her the materials, and appellant processed the application.

Likewise, I **FIND** that a preponderance of the evidence exists that appellant, as a processor and HSS3, should have reviewed B.C.'s address information and B.C.'s prior 2017 Medicaid case in which B.C. supplied a nearly identical employer verification letter; yet, she did not. Appellant assumed the clerk verified B.C.'s unusual Bergen

County address on the 2019 application and registered the case; however, the clerk did not document either action in the case file. Moreover, appellant's written statement and recount to Saleh and Fisher demonstrates she was aware of B.C.'s prior Medicaid benefits. Still, she did not list his previous case number on the 2019 budget and did not review his earlier case that contained a nearly identical employer verification letter to the 2019 letter.

Similarly, I **FIND** that a preponderance of the evidence exists that the 2017 and 2019 employer letters obtained by appellant both noted approximately \$13,000 in yearly income while the DOVE reports, lag or not, suggested more than \$31,000 in annual salary. In the quarter before the 2017 and 2019 applications, the DOVE report showed B.C.'s earnings as more than half the yearly income noted in the employer letter. In other words, an obvious discrepancy. While DOVE may also verify an employer's name and address when an applicant supplies an employer letter, the Medicaid Desk Guide states that DOVE can verify income information. Moreover, B.C.'s employer letter supported "off the books" or cash income, but the DOVE report noted "on the books" income reported to the State by the same employer. Notably, all witnesses testified that the review of a DOVE report is standard in the Medicaid application process.

Also, I **FIND** that a preponderance of the evidence exists that appellant had more than a limited role as a reviewer in B.C.'s 2017 Medicaid application. As a reviewer of B.C.'s September 27, 2017, application, appellant insists that she would not verify applicant information; yet, the DOVE report is dated September 26, 2017, and identifies appellant as the user requesting the report. On September 27, 2017, the case log-in sheet for B.C. lists appellant's name, and she told Fisher that she entered the term "interview" under the interviewer column.

Regardless, I **FIND** that a preponderance of the evidence does **NOT** exist that appellant obtained any gain in approving B.C.'s budget in 2017 and 2019 or that she knowingly approved B.C.'s benefits despite his ineligibility.

Moreover, I **FIND** that a preponderance of the evidence does **NOT** exist that appellant's review of B.C.'s 2017 application and processing of B.C.'s 2019 application for a "single adult" was in and of itself improper. In 2013, Guzman established a policy directing the referral of single adult applicants to a different floor and that the Medicaid Outreach unit no longer take such applications. Yet, the evidence supports that the Medicaid Outreach program occasionally processed single adult applications after 2013. Also, Guzman sent the 2013 directive to all supervisors, and no evidence exists that any supervisor shared this requirement with appellant. Notably, Wilson, Bell, and King confirmed that the Medicaid Outreach unit sometimes handled individuals and that the TANF-new case unit has single adult case numbers for that purpose. Indeed, appellant worked in both the Medicaid Outreach unit and TANF-new case unit, and she presents budgets of single adults she reviewed in the TANF-new case unit. In addition, the clerk or screener determines if the applicant is in the correct location, not the processor or reviewer.

In addition, I **FIND** that a preponderance of the evidence does **NOT** exist that the lack of a third "unit authorization" signature on the Medicaid budget precludes benefits. Although Medicaid budgets allow for a "unit authorization," none of the budgets presented in this case from which an applicant received benefits, including those appellant relies upon, have a unit authorization signature.

Lastly, I **FIND** that that a preponderance of the evidence exists that Hudson had sufficient reason to refer the B.C.'s case to the fraud unit. A Medicaid budget should list any prior case number; yet, B.C.'s 2019 budget noted no 2017 case number and appellant was aware of B.C.'s prior application. When Hudson identified income and address problems with the 2019 application, Hudson examined the 2017 application revealing the nearly identical employer letters and income discrepancies. While appellant asserts the case was not appropriate for the fraud unit, appellant cites no procedure that precludes such a referral under these circumstances.

DISCUSSION AND CONCLUSIONS OF LAW

A civil service employee who commits a wrongful act related to his or her duties, or gives other just cause, may be subject to major discipline. N.J.S.A. 11A:2-6; N.J.S.A. 11A:2-20; N.J.A.C. 4A:2-2.2. Indeed, "[t]here is no constitutional or statutory right to a government job." State-Operated Sch. Dist. of Newark v. Gaines, 309 N.J. Super. 327, 334 (App. Div. 1998).

In appeals concerning major disciplinary action, the appointing authority bears the burden of proof. N.J.A.C. 4A:2-1.4(a). The burden of proof is by a preponderance of the evidence, Atkinson v. Parsekian, 37 N.J. 143, 149 (1962), and the hearing as to both guilt and the penalty is de novo, Henry v. Rahway State Prison, 81 N.J. 571, 579 (1980); W. New York v. Bock, 38 N.J. 500 (1962). The evidence must be such as to lead a reasonably cautious mind to a given conclusion. Bornstein v. Metro. Bottling Co., 26 N.J. 263 (1958). One can describe preponderance as the greater weight of credible evidence in the case, not necessarily dependent on the number of witnesses, but having the greater convincing power. State v. Lewis, 67 N.J. 47 (1975).

"Conduct unbecoming a public employee" is an elastic phrase encompassing conduct that adversely affects the morale or efficiency of a governmental unit, or that tends to destroy public respect for governmental employees and confidence in the delivery of governmental services. Karins v. City of Atl. City, 152 N.J. 532, 554 (1998). The complained-of conduct and its attending circumstances need only "be such as to offend publicly accepted standards of decency." Ibid. at 555 (quoting In re Zeber, 156 A.2d 821, 825 (1959)).

Under N.J.A.C. 4A:2-2.3(a)(1), an incompetent employee unable to execute his job responsibility is subject to termination. See Klusaritz v. Cape May Cnty., 387 N.J. Super. (App. Div. 2006) (upholding removal of an accountant who was incapable of

preparing a bank reconciliation and unsuitable for the job). Absence of judgment alone can be sufficient to terminate an employee in a sensitive position that requires the public trust in that judgment. See In re Hermann, 192 N.J. 19, 32 (2007) (DYFS worker without prior discipline terminated for waving a lit cigarette in the face of a five-year-old).

Generally, "neglect of duty" means that an employee has failed to perform and act as required by the description of their job title. Briggs. v. Dept. of Civil Service, 64 N.J. Super. 351, 356 (1980); In re Kerlin, 151 N.J. Super. 179, 186 (App. Div. 1977). "Duty" intends conformance to "the legal standard of reasonable conduct in the light of the apparent risk." Wytupeck v. Camden, 25 N.J. 450, 461 (1957) (internal citation omitted). Also, neglect of duty can arise from an omission or failure to perform a task imposed upon a public employee that indicates a deviation from usual standards of conduct. Rushin v. Bd. of Child Welfare, 65 N.J. Super. 504, 515 (App. Div. 1961).

Violations of N.J.A.C. 4A:2-2.3(a)(12) for "other sufficient cause" can include violations of agency policy or procedures.

Given my findings of fact, I **CONCLUDE** that a preponderance of the credible evidence exists that appellant did not follow Hudson's protocols concerning income verification and discrepancies by approving B.C.'s Medicaid budgets without:

1. Considering a significant discrepancy in income between DOVE and the employer verification letter;
2. Directing the issuance of a pending letter;
3. Reviewing B.C.'s 2017 case in processing the 2019 application; or
4. Obtaining supervisor direction to process the 2019 application given her DIMS assignment.

I further **CONCLUDE** that appellant's failures lead to an improper grant of Medicaid benefits in 2017 and improper eligibility determination in 2019 that weaken public confidence in the delivery of governmental services.

Therefore, I **CONCLUDE** that a preponderance of the credible evidence exists that appellant displayed incompetency, inefficiency or failure to perform duties in violation of N.J.A.C. 4A:2-2.3(a)(1); conduct unbecoming a public employee in violation of N.J.A.C. 4A:2-2.3(a)(6); neglect of duty in violation of N.J.A.C. 4A:2-2.3(a)(7), and other sufficient cause in violation of N.J.A.C. 4A:2-2.3(a)(12).

In determining the reasonableness of a sanction, the employee's past record and any mitigating circumstances provide guidance. West New York v. Bock, 38 N.J. 500 (1962). Although the concept of progressive discipline is often cited by appellants as a mandate for lesser penalties for first time offences,

that is not to say that incremental discipline is a principle that must be applied in every disciplinary setting. To the contrary, judicial decisions have recognized that progressive discipline is not a necessary consideration when reviewing an agency head's choice of penalty when the misconduct is severe, when it is unbecoming to the employee's position or renders the employee unsuitable for continuation in the position, or when application of the principle would be contrary to the public interest.

[In re Hermann, 192 N.J. 19, 33-4 (2007) (citing Henry v. Rahway State Prison, 81 N.J. 571 (1980)].

Although the focus is generally on the seriousness of the current charge as well as the prior disciplinary history of the appellant, consideration must also be given to the purpose of the civil service laws. Civil service laws "are designed to promote efficient public service, not to benefit errant employees . . . The welfare of the people as a whole, and not exclusively the welfare of the civil servant, is the basic policy underlining the statutory scheme." State Operated School District v. Gaines, 309 N.J. Super. 327, 334 (App. Div. 1998). Indeed, "[t]he overriding concern in assessing the propriety of the penalty is the public good. Of the various considerations which bear upon that issue, several factors may be considered, including the nature of the offense, the concept of

progressive discipline, and the employee's prior record." George v. North Princeton Developmental Center, 96 N.J.A.R. 2d. (CSV) 463, 465.

Here, appellant has no prior disciplinary record, and her supervisors and administrators agree appellant is a dependable and helpful employee who Hudson promoted after three years. However, the charges outlined in the FNDA are serious, and her testimony concerning her limited role in B.C.'s applications was not credible. Indeed, I concluded that her failures led to improperly granted benefits in 2017 and an improper eligibility determination in 2019. Moreover, Hudson did not assign appellant to process applications on February 7, 2019, and she did so without a supervisor's direction. Undeniably, her actions diminish the confidence of the public regarding the proper grant of Medicaid services. Yet, I found no evidence exists that appellant received any benefit from processing B.C.'s applications or that she knowingly approved B.C.'s benefits despite his income ineligibility. Also, I found that Hudson did not sustain its burden as to impropriety in processing a "single adult" application. Accordingly, I **CONCLUDE** that a suspension of sixty days is unreasonably harsh, and that appellant be suspended for thirty days instead.

ORDER

Given my findings of fact and conclusions of law, I **ORDER** that appellant be suspended for thirty days.

I hereby **FILE** my initial decision with the **CIVIL SERVICE COMMISSION** for consideration.

This recommended decision may be adopted, modified or rejected by the **CIVIL SERVICE COMMISSION**, which by law is authorized to make a final decision in this matter. If the Civil Service Commission does not adopt, modify or reject this decision within forty-five days and unless such time limit is otherwise extended, this recommended decision shall become a final decision in accordance with N.J.S.A. 52:14B-10.

Within thirteen days from the date on which this recommended decision was mailed to the parties, any party may file written exceptions with the **DIRECTOR, DIVISION OF APPEALS AND REGULATORY AFFAIRS, UNIT H, CIVIL SERVICE COMMISSION, 44 South Clinton Avenue, PO Box 312, Trenton, New Jersey 08625-0312**, marked "Attention: Exceptions." A copy of any exceptions must be sent to the judge and to the other parties.

October 20, 2020



DATE

NANCI G. STOKES, ALJ

Date Received at Agency:

October 20, 2020

Date Mailed to Parties:

October 20, 2020

ljb

APPENDIX

List of Witnesses

For Appellant:

Precious Bonaparte-Hunt, Appellant

Daphnie Wilson

Debra King

Christine Bell

For Respondent:

Linda Guzman

Yasmine Saleh

Christine Booth

James Fisher

Al Robilio

List of Exhibits

Joint:

J-1 Apellant's memo complaint dated April 19, 2018

J-2 Blank County of Hudson form requesting additional information for benefits in thirty-days

J-3 Blank County of Hudson form requesting additional information for benefits at a date selected

J-4 Blank County of Hudson employer & salary verification form

J-5 Blank County of Hudson income affidavit self-attestation form

- J-6 Final Notice of Disciplinary Action dated July 26, 2019, with hearing officer report
- J-7 Single adult worksheet and authorization for public assistance (emergency services) for case number 0970823198
- J-8 Appellant's personnel file
- J-9 Single adult worksheet and authorization for public assistance (emergency services) for case number 0970823232
- J-10 Daphnie Wilson's letter dated August 2, 2019
- J-11 Preliminary Notice of Disciplinary Action dated May 24, 2019; Inverstiagtion reports of James Fisher; Apellant's February 22, 2019, statement; Linda Guzman's memorandum dated March 6, 2019 to Robert Knapp; Linda Guzman's interoffice memorandum dated December 5, 2013; September 27, 2017, and February 7, 2019, worksheet and authorization for B.C.; DOVE detail reports for September 26, 2017, and February 7, 2019; and employer income verification letters.
- J-12 Department of Family Services assignment chart for September 27, 2017
- J-13 Yasmine Saleh's report dated February 25, 2019
- J-14 B.C.'s agreement to reimburse Hudson County dated March 6, 2019
- J-15 HSS1 and HSS3 job descriptions
- J-16 Appellant's training file
- J-17 County of Hudson Medicaid Desk Guide
- J-18 Joint stipulation of facts

For Appellant:

- P-1 Daphnie Wilson's October 11, 2019 email concerning appellant's November 2018 complaint