State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 09782-25
AGENCY DKT. NO. N/A

A.Q.A.,
Petitioner,
v.
MERCER COUNTY BOARD OF SOCIAL SERVICES,
Respondent.

Lee Ginsburg, Esq., appearing for petitioner, A.Q.A. (Community Health Law Project, attorneys)

Lee Waring, Esq. appearing for respondent, Mercer County Board of Social Services (attorney)

Record Closed: May 13, 2026 Decided: May 29, 2026

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

STATEMENT OF THE CASE

B.Q., on behalf of her daughter, petitioner, A.Q.A., appeals the decision of respondent, the Mercer County Board of Social Services (MCBSS or Agency), to

terminate her daughter's Medicaid for failure to provide requested documentation in a timely manner. N.J.A.C. 10:71-2.2(e)(2).

On appeal, the petitioner contends that she complied with all requests for information and the agency was unclear as to what information was needed, what program the applicant should be applying to, or which county was handling the matter (Mercer or Hunterdon) .

PROCEDURAL HISTORY

On February 28, 2025, the Agency issued the notice terminating the petitioner's Medicaid for the failure to provide requested verification. The denial does not state what information was missing or why the termination was coming from Mercer County when the applicant moved to Hunterdon County in June of 2023. In addition, the applicant was confused as to which agency was handling her daughter's Medicaid or whether it was the MLTSS or Aged, Blid and Disable program. Unable to obtain a proper answer, petitioner filed a timely appeal of the denial. The Division of Medical Assistance and Health Services (DMAHS) transmitted this matter to the Office of Administrative Law (OAL), where it was filed as a contested case on June 3, 2025. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13. A hearing was held on May 15, 2025, and the record closed on that date.

TESTIMONY AND FINDINGS OF FACT

Testimony

Aralis Torres, Medicaid Services Supervisor, testified for the respondent. She testified that in July of 2023 the applicant was no longer clinically eligible for Medicaid. The notice indicates the same. However, the transmittal indicates that the reason for the termination was a failure to provide requested documentation. The witness could not identify what documentation was needed or why they did not request such information from the applicant. There was no evidence of a request or a list of any missing documentation provided. There was also an issue about where the notice was sent as

the applicant had moved from Mercer County to Hunterdon County and some of the notices had gone to Mercer after the move. Ms. Torres indicated that she had provided the applicant with the proper application to fill out but no such application was included in the R-1 through R-11 exhibits. After one and a half hours of testimony, it remained unclear to the undersigned what information the Agency needed that had not been provided, or what application needed to be filled out by petitioner. This is a termination and the burden was on the Agency to demonstrate grounds for termination. The Agency failed to demonstrate what the grounds for termination were and what, if anything, was missing from the application.

B.Q., is the mother and the guardian for the petitioner. She explained that A.Q.A. suffers from a rare genetic disease that she has had since her birth on November 16, 2017. It is so rare that less than 200 children worldwide have been diagnosed with this condition. A.Q.A. has been receiving Medicaid since she was four months old and she is currently eight years old. She has had multiple surgeries and has been in the hospital for fifty-one days this year. She did not receive the initial notice of termination as it went to the wrong address. When she received the notice, she applied for a fair hearing and reached out to the Agency to see what she needed to provide. One of the notices indicate that her daughter was not clinically eligible or not disabled, which made no sense. Someone also told her that she needed to apply under the Aged, Disabled and Blind program but she knew that was incorrect as she is not income eligible for the program. The Agency was not very helpful and did not provide her with an application or indicate what information was missing or what she needed to provide. She ultimately retained legal service to try to help her with this appeal.

The foregoing facts are not in dispute and I FIND them as FACT.

DISCUSSION AND CONCLUSIONS OF LAW

To qualify for Medicaid in New Jersey, an applicant must provide a county social services agency (CSSA) with documentation verifying their financial eligibility, and such verifications must show that the applicant is financially eligible for the program.

First, under N.J.A.C. 10:71-2.2, a Medicaid applicant must provide sufficient information for the CSSA to determine their financial eligibility. In this regard, an applicant must "[a]ssist the CSSA in securing evidence that corroborates his or her statements" on the application and "[r]eport promptly any change affecting his or her circumstances." N.J.A.C. 10:71-2.2(e).

A CSSA also has responsibilities during the application process, including to "[a]ssist the applicants in exploring their eligibility for assistance" and "[m]ake known to the applicants the appropriate resources and services both within the agency and the community, and, if necessary, assist in their use." N.J.A.C. 10:71-2.2(c).

According to N.J.A.C. 10:71-2.2, the worker must communicate with the applicant regarding any missing documentation. After that, the CSSA may use collateral contacts to verify, supplement, or clarify essential information. N.J.A.C. 10:71-2.10.

Generally, the CSSA must process an application for Medicaid in forty-five days. N.J.A.C. 10:71-2.3(a). When the complete processing of an application is delayed beyond forty-five days for the aged or ninety days for the blind or disabled, written notification shall be sent to the applicant on or before the expiration of such period, setting forth the specific reasons for the delay. N.J.A.C. 10:71-2.3(d). In exceptional cases, "[w]here substantially reliable evidence of eligibility is still lacking at the end of the designated period, the application may be continued in pending status." N.J.A.C. 10:71-2.3(c). The CSSA shall be prepared to demonstrate that the delay resulted from, for instance, "[a] determination to afford the applicant, whose proof of eligibility has been inconclusive, a further opportunity to develop additional evidence of eligibility before final action on his or her application," or "[c]ircumstances wholly outside the control of both the applicant and CSSA." N.J.A.C. 10:71-2.3(c)(2), (4).

In this case, A.Q.A. has been eligible for Medicaid since birth. She was born with a rare genetic disorder and is now eight years old. A.Q.A.'s family moved from Mercer County to Hunterdon County in June of 2023. There are various notices, some stating that the applicant is not clinically eligible and some saying that documentation was not provided. However, there was no evidence provided regarding the clinical eligibly issue,

nor does the Agency indicate what information was missing or that they articulated to the client what was needed. Moreover, there was no time frame given to provide such information.

As stated in M.L. v. Essex County Division of Family Assistance and Benefits, 2025 N.J. Super. Unpub. LEXIS 407 at *9 (App. Div. March 18, 2025), State agencies must "'turn square corners' with the public they serve in carrying out their statutory responsibilities. W.V. Pangborne & Co. v. N.J. Dep't of Transp., 116 N.J. 543, 561–62 (1989)." When this "bedrock principle," is read together with the above regulations, like in M.L. the Agency failed to follow the regulations when evaluating the petitioner's Medicaid application; the "case worker . . . and the petitioner had a duty under the regulations to take affirmative steps to communicate with each other regarding the . . . pending application. The scope of this joint duty clearly includes the parties' efforts to clarify prior communications about a pending application." Id. at *9–10.

Specifically, the Agency failed to communicate the basis for the termination and what information was missing which was needed. There is also an issue as to where the notices were sent as the applicant had moved during this time period. However, it is clear that the Agency was advised of the relocation from Mercer County to Hunterdon County, and they failed to demonstrate that they had communicated to the petitioner that they needed additional information.

These actions are inconsistent with the rules, and the notions of good faith and equity and I **CONCLUDE** that the Agency did not satisfy its regulatory obligations and failed to provide the applicant with notice of what the basis for the termination was and/or what documentation was missing. Nor was the applicant given a reasonable time to provide such information.

I further **CONCLUDE** that the Agency did not demonstrate by preponderance evidence that the petitioner failed to provide requested. Accordingly, the termination is reversed, and the Agency should reopen the application and provide a notice clearly outlining what they need to process this application.

ORDER

I **ORDER** that the Medicaid application shall be returned to MCBSS, or make a proper transfer to Hunterdon County, since the applicant has lived there for three years, and make a new eligibility determination. I further **ORDER** that the applicant be advised of exactly what information is missing, or in the alternative, why her disabled daughter is not clinically eligible for the program.

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.

May 29, 2026
DATE

Sarah G. Crowley
SARAH G. CROWLEY, ALJ

Date Received at Agency: _____

Date Mailed to Parties: _____

SGC/lam/onl

APPENDIX

Witnesses

For petitioner:

B.Q., mother of petitioner, A.Q.A.

For respondent:

Aralis Torres, Human Services Specialist 3

Exhibits

For petitioner:

None

For respondent:

R-1 Packet from the Agency