State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 06594-26
AGENCY DKT. NO. N/A

C.H.,
Petitioner,
v.
UNION COUNTY BOARD OF SOCIAL SERVICES,
Respondent.

Michael Heinemann, Esq., appearing for petitioner C.H. (Law Office of Michael Heinemann, PC, attorneys)

Yesmine Diaz, Esq., Assistant County Counsel, for respondent (Bruce H. Bergen, County Counsel)

Record Closed: July 9, 2026 Decided: July 29, 2026

BEFORE **SUDHA V. RAJA,** ALJ:

STATEMENT OF THE CASE

On March 11, 2025, petitioner, C.H., provided respondent, Union County Board of Social Services, a county social services agency (CSSA), with inconclusive proof of eligibility for Medicaid. CSSA, however, did not provide C.H. with an additional opportunity to provide conclusive proof. Must CSSA provide C.H. with such an

opportunity? Yes. When an applicant provides inconclusive proof of eligibility for Medicaid, the CSSA must provide the applicant with an additional opportunity to provide such proof. N.J.A.C. 10:71-2.3(c).

PROCEDURAL HISTORY

On January 28, 2025, C.H. applied to the Division of Medical Assistance and Health Services (DMHAS) for the New Jersey Aged, Blind, Disabled (ABD) Medicaid with the assistance of his designated authorized representative, Tziri Weinberger.

On July 7, 2025, CSSA denied the application, and on August 6, 2025, Weinberger filed a timely appeal.

On October 30, 2025, the DMHAS transmitted this case to the Office of Administrative Law (OAL) as a contested case under N.J.S.A. 52:14B-1 to -15 and N.J.S.A. 52:14F-1 to -13.

The hearing was scheduled for June 10, 2026. On that date, [a party] requested an adjournment, which I granted, and rescheduled the hearing for July 7, 2026. On July 7, 2026, I held the hearing but kept the record open until July 9, 2026, for post-hearing briefs.

On July 9, 2026, I received the post-hearing briefs and closed the record.

FINDINGS OF FACT

Based on the testimony the parties provided and my assessment of their credibility, together with the documents the parties provided and my evaluation of their sufficiency, I **FIND** the following **FACTS**:

On January 28, 2025, C.H. applied to DMHAS for ABD Medicaid with the assistance of Weinberger. (R-1.)

On February 16, 2025, CSSA sent an RFI to Weinberger requesting multiple documents, including bank statements from Bank of America from January 1, 2020, through June 1, 2023; February 1, 2023, to September 1, 2023; and December 1, 2023, to January 1, 2025.

C.H. was to provide the documents by March 12, 2025. (R-2.)

On March 11, 2025, Weinberger provided the documents. (R-3.)

After providing the documents, Weinberger telephoned CSSA to confirm receipt of the documents sent and to ask if any additional information was required.

On May 27, 2025, Weinberger followed up with an email to CSSA, but CSSA failed to respond to Weinberger's phone calls and email. (P-1.)

On July 7, 2025, CSSA reviewed the documents and identified pages missing from the bank statements. All the bank statements did not include all copies of checks, and a few bank statements did not include all pages of withdrawals. As a result, CSSA could not complete its verification and denied the application.

On July 28, 2025, CSSA notified Weinberger that the application was denied, effective July 7, 2025, for failure to provide all pages of the bank statements. (R-4.)

In August 2025, after receiving the denial letter, Weinberger reapplied for Medicaid on behalf of C.H. In the application, Weinberger included all pages of the bank statements requested in the earlier application. Upon review of the application, together with all the bank statements, CSSA deemed C.H. eligible for Medicaid, based on the August 2025, application.

CONCLUSIONS OF LAW

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. DMAHS is responsible for

administering Medicaid. N.J.S.A. 30:4D-5. Through its regulations, DMAHS establishes policy and procedures for processing Medicaid cases. N.J.A.C. 10:71-2.2(b). The CSSA processes applications for Medicaid benefits and determines whether an applicant meets the financial eligibility requirements. N.J.A.C. 10:71-3.15(a).

Regarding the application process, both the applicant and CSSA have responsibilities. N.J.A.C. 10:71-2.2. Applicants must complete any forms required by the CSSA; assist the CSSA in securing evidence to corroborate statements; and promptly report any changed circumstances. N.J.A.C. 10:71-2.2(e). Meanwhile, the CSSA must inform applicants about the application process, eligibility requirements, and the right to a fair hearing. The CSSA must also receive applications, help applicants explore their eligibility, advise them about appropriate resources and services, assure the prompt and accurate submission of data, and promptly notify applicants of eligibility or ineligibility. N.J.A.C. 10:71-2.2(c) and -2.2(d).

The CSSA is required to determine eligibility for Aged Medicaid applications within forty-five days and Blind and Disabled Medicaid applications within ninety days. N.J.A.C. 10:71-2.3. This timeframe may be extended when documented exceptional circumstances arise preventing the processing of the application within the prescribed time limits. N.J.A.C. 10:71-2.3(c). When proof of eligibility is inconclusive, a further opportunity to develop additional evidence must be sent by CSSA before its final determination. Ibid.

During the application process, the applicant is the primary source of information and must cooperate with the CSSA in securing evidence to corroborate their statements. N.J.A.C. 10:71-1.6(2). Likewise, the CSSA must give the applicant time to comply with an RFI. NJ Medicaid Communication No. 22-04. Under the regulatory scheme, the applicant has fourteen days to respond to an RFI, and another RFI may be sent if his response to the first RFI prompts the need for additional outreach. Ibid.

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, the CSSA and the petitioner have a duty under the regulations to take affirmative steps to communicate with each other regarding the pending application. N.J.A.C. 10:71-2.2.

In this case, CSSA took more than six months to process the application. Meanwhile, Weinberger submitted timely responses to each RFI. When it had inconclusive proof of eligibility, a second RFI requesting complete bank statements, or a response to Weinberger's phone calls and email requesting the pages missing from the bank statements, would have provided CSSA with the information necessary to determine C.H.'s Medicaid eligibility. As a result, I **CONCLUDE** that C.H.'s application for Medicaid dated January 28, 2025, must be processed to determine eligibility under N.J.A.C. 10:72.

ORDER

Given my findings of fact and conclusions of law, I **ORDER** that C.H.'s application for Medicaid dated January 28, 2025, be **PROCESSED** to determine eligibility under N.J.A.C. 10:72.

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 forty-five 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 29, 2026
DATE

SUDHA V. AJA, ALJ

Date Filed with Agency:

Date Sent to Parties:

APPENDIX

Witnesses

For petitioner:

Tziri Weinberger, designated authorized representative

For respondent:

Teshana Gaskin, Union County caseworker

Exhibits

For petitioner:

P-1 Email by DAR to Union County

For respondent:

R-1 Application
R-2 Request for Information
R-3 C.H. submission
R-4 Denial notice
R-5 Documents supporting application