



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 20497-25

AGENCY DKT. NO. N/A

D.B.,

Petitioner,

v.

**MIDDLESEX COUNTY BOARD
OF SOCIAL SERVICES,**

Respondent.

S.B., for petitioner, pursuant to N.J.A.C. 1:10B-5.1

Kurt Eichenlaub, Human Services Specialist III, for respondent, pursuant to
N.J.A.C. 1:1-5.4(a)(3)

Record Closed: February 26, 2026

Decided: March 9, 2026

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

STATEMENT OF THE CASE

The petitioner, D.B., appeals the decision of respondent, the Middlesex County Board of Social Services (MCBSS or Agency), denying her Medicaid application due to failure to provide requested verifications in a timely manner. N.J.A.C. 10:71-2.2(e)(2).

The subject application was filed on April 30, 2025. On appeal, the petitioner's son, S.B., contends that he provided a timely response to the request and also reached out to inquire with the Agency about the application two days prior to the denial. The petitioner's son is D.B.'s power of attorney. Notices were received by regular mail at his home address, but no contact by the Agency had been made by telephone. S.B. telephoned the case worker several times over the five-month period prior to the first and only request for additional information on September 17, 2025. His last telephone call to the Agency was on October 6, 2025, after he had not heard anything. He left a message, which advised that he had not received the September 17, 2025, letter and was unaware that there was a request for subsequent information. The Agency acknowledges a record of the client call on October 6, 2025. The case worker who the message was left with did not testify and thereafter, the application was denied on October 8, 2025.

PROCEDURAL HISTORY

On October 8, 2025, the Agency issued a notice denying the petitioner's April 30, 2025, Medicaid application for failure to provide requested information. The applicant filed an appeal and provided additional documentation on October 24, 2025, but the Agency refused to consider the documentation or to reopen the file. 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 December 31, 2025. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13. A hearing was held on February 26, 2026, and the record closed at that time.

Testimony

Kurt Eichenlaub, Human Services Specialist 3, testified on behalf of the respondent. He confirmed that the application was filed on April 30, 2025, and the Agency requested additional documentation for the first time on September 17, 2025. Notwithstanding several calls by the applicant's son to inquire about the status, no calls were made by the Agency to request additional verification. A letter was sent by regular mail requesting additional information be provided by October 8, 2025. Mr. Eichenlaub acknowledged that the applicant had reached out the case worker on October 6, 2025,

two days prior to the denial. However, he maintained that Med Coms permit a denial if information is not provided by the date stated in the letter. The case worker who the call was made to on October 6, 2025, was unavailable to testify, and the application was denied two days later. He testified that she made one attempt to respond to the applicant prior to the denial. Additional documentation was received on October 24, 2025, and follow-up correspondence from the applicant in November, but the case would not be reopened, and the documentation was not reviewed or considered.

S.B. is the petitioner's son and assisted in the preparation of D.B.'s Medicaid application and is petitioner's power of attorney. He prepared and filed the application with the Agency on April 30, 2025. He had several discussions with her case worker Michelle Melcos. He reached out to her several times over the next five months to inquire about the status of the application and was told that it was pending. Prior to the request in late September, he received no response or request for additional information. His last telephone call to the case worker was on October 6, 2025, again inquiring as to the status of the application.

S.B. did not hear back from the board until the application was denied on October 8, 2025. He did not receive the letter requesting additional information until after his inquiry of October 6, 2025. The letter arrived in a blank envelope with no return address, and they made no effort to contact him via telephone or email. If he had received it, he would have responded immediately with the information, or asked for additional time, rather than placing a call on October 6, 2025, for a status update. He provided additional information on October 24, 2025, and indicated the remaining documentation which they requested for the first time in the late September letter was forthcoming. He never heard anything else regarding his letter and was informed that the application was denied on October 8, 2025. They would not consider the additional verification that was provided, and advised him that he needed to file a new application.

DISCUSSION AND FINDINGS OF FACT

After hearing the testimony and reviewing the documentary evidence, I **FIND** the following as **FACT**:

1. On April 30, 2025, petitioner, D.B., with the assistance of her son, S.B., filed a Medicaid application with the MCBSS.
2. Following the submission of the application, the petitioner's son called the Agency several times to inquire as to the status of the application. The latest inquiry was made on October 6, 2025, when S.B. reached out to the caseworker, Michelle Melcos. He never received a response to his October 6, 2025, telephone inquiry.
3. A letter was sent via regular mail to the applicant on September 17, 2025, requesting additional verification and provided a deadline of October 8, 2025.
4. The applicant's son responded to the letter and provided additional documentation on October 24, 2025.
5. The case worker who received S.B.'s October 6, 2025, telephone call to the board was not available to testify. No adjournment was sought by respondent to provide her testimony as to why they did not provide additional time after the applicant called the board on October 6, 2025.
6. The respondent does not dispute that the applicant reached out to the board on October 6, 2025, and the application was denied on October 8, 2025.
7. The applicant provided the additional requested documentation on October 24, 2025. The Agency did not review any of the documentation provided by S.B. on October 24, 2025, and refused to reopen the file due to the October 8, 2025, denial letter.

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).

Consistent with the first request for information which was made five months after the application was filed since there was no request by the Agency to extend time for processing, the applicant supplied additional information on October 24, 2025, and placed a call to the Agency on October 6, 2025, two days prior to the denial of the application. No further effort was made by the Agency to reach the applicant, and the application was denied two days after the applicant had reached out the Agency. The substance of his call inquiring about the status of the case made it clear that he had not received the request for additional information. However, the case worker was not available to testify so the substance of the call and/or return call was not provided, and there were no other efforts by the Agency, prior to the denial two days later.

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 about the April 30, 2025, pending application that they began to process almost five months after the application was received. The Agency did not send written notification to the petitioner informing him of the Agency’s delay and did not respond to petitioner’s inquiry as to the status of the application. His last inquiry should have been interpreted as a good-cause request for an extension of time to gather information since it was clear he had not yet received the request for additional information. At the very least, more than one attempt prior to the denial of the application two days after the applicant inquiry should have been made. The Agency denied the application without attempting to reach out to the applicant again who had called two days prior to the denial. Moreover, additional documentation was provided via email on October 24, 2025, and a request for more time to provide the remaining

documents was made therein. This is a reasonable request after the application had been pending with no communication for five months.

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 was missing and a reasonable time to respond.

I further **CONCLUDE** that the Agency did not demonstrate by the preponderance of evidence that the petitioner failed to provide requested documentation. Based on the above findings and conclusions, it is appropriate for the Agency to reopen the application, and process the documentation which was provided by the applicant.

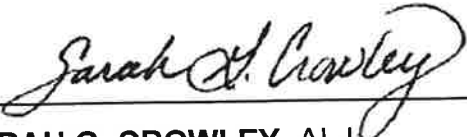
ORDER

I **ORDER** that the Medicaid application shall be returned to the MCBSS to process with the documentation which was provided and make a decision on the application on its merits

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.

March 9, 2026
DATE



SARAH G. CROWLEY, ALJ

Date Received at Agency: _____

Date Mailed to Parties: _____

SGC/lam/onl

APPENDIX

Witnesses

For petitioner

S.B.

For respondent

Kurt Eichenlaub, Human Services Specialist 3

Exhibits

For petitioner

None

For respondent

R-1 Packet from the Board