



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 07274-26

AGENCY DKT. NO. N/A

J.A.,

Petitioner,

v.

MIDDLESEX COUNTY

BOARD OF SOCIAL SERVICES,

Respondent.

Jamie Fraser, Designated Authorized Representative, appearing for petitioner pursuant to N.J.A.C. 1:10B-5.1

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

Record Closed: July 29, 2026

Decided: August 19, 2026

BEFORE **TAMA B. HUGHES**, ALJ:

STATEMENT OF THE CASE

Petitioner J.A. appeals the denial of Medicaid eligibility by respondent Middlesex County Board of Social Services ("County") for failure to provide requested documentation.

PROCEDURAL HISTORY

By letter, dated March 20, 2026, petitioner was notified that her January 21, 2026, Medicaid application was denied. Petitioner timely appealed, and the Division of Medical Assistance and Health Services (DMAHS) transmitted the case to the Office of Administrative Law (OAL), where it was received on May 7, 2026, for determination as a contested case under N.J.S.A. 52:14B-1 to -15 and N.J.S.A. 52:14F-1 to -13. A telephonic Zoom hearing was held on July 29, 2026, (telephonically), at which time the record closed.

DISCUSSION AND FINDINGS OF FACT

Kurt Eichenlaub (Eichenlaub), Human Service Specialist 3 with the MSBSS, testified that he has been with the county for approximately twenty-four years. Among other responsibilities, he serves as the fair hearing liaison for matters that go before the OAL. It is in this capacity that he is familiar with J.A.'s case file.

According to Eichenlaub, on January 21, 2026, an application (Application) for NJFC Aged, Blind, Disabled Programs was filed on J.A.'s behalf. (R-1, Exh. A.) In the body of the Application, which requests financial information, petitioner listed a checking account with Santander Bank – account ending in x3233. (Id.)

On March 3, 2026, a Request for Information (RFI) was sent to J.A. seeking, among other things, all financial information, including the "[B]ank statements for the Santander Checking Account ending in x3233 from 12/1/2025 to Present." (R-1, Exh. B.) All documentation was required to be submitted no later than March 17, 2026. (Id.) While other financial documentation was provided, no documentation was provided for the Santander Checking Account ending in x3233, nor did J.A.'s Designated Authorized Representative (DAR) request an extension. Thereafter, on March 20, 2026, the Application was denied for failure to provide the requested documentation. (R-1, Exh. C.)

On cross-examination, when asked whether follow-up or second letters are sent to the applicants if information is missing, Eichenlaub stated that they do not send out follow-up letters, nor is it the County's obligation to let an applicant know if something is missing. If there are questions on what was submitted, the caseworker would reach out to the client or their DAR for clarification.

Jamie Fraser (Fraser), a case manager with Senior Planning Services and J.A.'s DAR, testified that she has been with Senior Planning Services for a little over a year. As part of her job responsibilities, she assists families in filing for Medicaid and deals with the caseworkers at the Medicaid offices.

According to Fraser, J.A.'s family is stressed over the denial and hopeful that they will prevail at the hearing level so that the Application can remain open. She took over J.A.'s file at the end of March and at the time believed that all required documentation had been submitted. A prior application had been filed earlier in January 2026, along with some of the bank account information; however, the application was withdrawn. She was not handling the file at the time, so it was unclear why it was withdrawn.

After the Application was denied, a third application was filed, which has resulted in many questions from the County. Given the level of inquiries by the County for the third application, she doesn't understand why the County never sent out a second RFI for the January 21, 2026, application, which would have included the same or similar documentation/information. She reiterated that it was their belief that all documentation had been timely submitted for the Application. Not being notified by the County that documentation was missing resulted in the filing of this appeal.

On cross-examination, Fraser was questioned about documentation that had been uploaded into the portal on March 16, 2026. She did not recall uploading any documentation but stated that if she did not, one of her co-workers may have. When asked if she or anyone from the company had reached out to the County to see if anything else was needed, she stated that they had but were not able to connect with a caseworker. It was at the end of March 2026, and shortly thereafter, they received the

denial letter. She subsequently changed her testimony, stating that she called after the denial letter had been received to find out why the Application had been denied.

After hearing the testimony presented and upon review of the documentation submitted into evidence, I **FIND** the following as **FACT**:

On January 21, 2026, J.A.'s DAR at the time, Fraidy Pearl, filed an application for long-term services on J.A.'s behalf. Pearl was a case manager with Senior Planning Services – a business that assists individuals filing for Medicaid assistance.

On March 3, 2026, the County sent J.A./Pearl an RFI seeking, among other things, documentation relating to the Santander checking account ending x3233. All documentation was required to be returned by March 17, 2026.

No documentation was submitted related to the Santander checking account ending x3233. On March 20, 2026, approximately two weeks after the RFI deadline, the County sent out a denial letter stating that the Application had been denied for failure to provide documentation.

On May 1, 2026, Fraser formally became J.A.'s DAR. Fraser, a case manager with Senior Planning Services, has been with the company for well over a year. Given her job responsibility, which is to assist clients in filing for Medicaid, she is presumably well-versed in what documentation is required to file for Medicaid and what action must be taken to seek an extension if a deadline is looming.

Fraser testified that she took over the file at the end of March 2026. It was her belief that all documentation had been submitted. Neither she nor Pearl contacted the County before March 17, 2026, to see if all documentation had been submitted, nor was an extension requested. It was not until after the denial had been issued that Fraser reached out to the County to see why the denial had been issued.

It is not the County's responsibility to reach out to an applicant to let them know what documentation is outstanding. Petitioner and her DAR were told in detail what the County required to review and process the Application.

The County does not send out a second RFI for outstanding documentation that they have already requested. If there is a question regarding the documentation that has been submitted, the caseworker would reach out to the applicant or their representative for clarification.

LEGAL DISCUSSION

The Medicaid program is a cooperative federal-state venture, established by Title XIX of the Social Security Act. 42 U.S.C.A. §§1396 et seq. It "is designed to provide medical assistance to persons whose income and resources are insufficient to meet the costs of necessary care and services." L.M. v. Div. of Med. Assistance and Health Servs., 140 N.J. 480, 484 (1995) (quoting Atkins v. Rivera, 477 U.S. 154, 156 (1986)); see Mistrick v. Div. of Med. Assistance and Health Servs., 154 N.J. 158, 165 (1998).

Eligibility for Medicaid is governed by regulations adopted in accordance with the authority granted to the DMAHS and the Commissioner of the Department of Human Services. N.J.S.A. 30:4D-7. The DMAHS and Commissioner are required to establish a policy and procedures for the Medicaid application process and shall supervise the operation of, and compliance with, the policy and procedures. N.J.A.C. 10:71-2.2(b).

Medicaid applicants must satisfy certain income and resource eligibility standards. N.J.A.C. 10:71-4.1 to -4.11; N.J.A.C. 10:71-5.1 to -5.9. As part of the application process, an applicant must "[a]ssist the [county social service agency] in securing evidence that corroborates his or her statements," including information about the applicant's income and resources. N.J.A.C. 10:71-2.2(e)(2). In this regard, "[d]ocumentary sources of evidence present factual information recorded at some previous date by a disinterested party," including "certificates, legal papers, insurance policies, licenses, bills, receipts, notices of RSDI benefits, and so forth." N.J.A.C. 10:71-3.1(b)(1). Importantly, "[e]ligibility

must be established in relation to each legal requirement to provide a valid basis for granting or denying medical assistance.” N.J.A.C. 10:71-3.1(a).

An applicant whose Medicaid application is denied by a county social service agency (CSSA) for failure to provide verification of eligibility in accordance with N.J.A.C. 10:71-2.2(e)(2) may request a fair hearing before the OAL to challenge the agency’s decision. N.J.A.C. 10:49-10.3(b). In such appeals, the main issue is whether the applicant timely provided the agency with sufficient documentation to determine their financial eligibility for Medicaid. However, a review of administrative decisions shows that in cases in which an applicant made a good-faith effort to cooperate with the CSSA’s document requests but ultimately failed to do so due to “exceptional circumstances,” such failure may be excused, and the CSSA may be ordered to give the applicant more time to provide verifications.

However, in the absence of “exceptional circumstances,” a denial for failure to provide verifications will be upheld even if the applicant or his representative cooperated with the CSSA during the application period, especially when the CSSA extended the application period. Thus, in J.B. v. Cape May Cnty. Bd. of Soc. Servs., HMA 06942-14, Initial Decision (Aug. 22, 2014), adopted, Dir. (Sept. 9, 2014), <https://njlaw.rutgers.edu/OAL/index.php>, the administrative law judge (ALJ) affirmed the denial of the applicant’s application because the CSSA had given her attorneys almost six months to provide all of the necessary documents, but in response to each of the agency’s numerous notices, the attorneys inexcusably managed to provide only some of the requested documents. In J.D. v. DMAHS, 2014 N.J. AGEN LEXIS 381 (June 26, 2014), adopted, Dir. (July 29, 2014), the ALJ found that a public guardian’s difficulty in obtaining requested documents due to a lack of cooperation from the applicant’s family and financial institutions did not constitute extraordinary circumstances in light of the fact that the CSSA had provided the public guardian an additional two months to obtain the necessary documents, and the agency had still not received all of the outstanding information.

Here, petitioner asserts that it was an inadvertent error or oversight on their part in not submitting the requested bank statements. However, the respondent should have

reached out to them to let them know what documentation was outstanding. Citing the third Medicaid application that was filed, wherein the respondent has repeatedly come back to them for information and/or clarification on the documents submitted, it is petitioner's position that the respondent failed to communicate and/or assist them in the second application process.

Respondent contends that notice was provided to the petitioner that outlined the exact documentation that was needed and when it needed to be submitted. In order to assess qualification for Medicaid benefits, all sources of income and resources must be reviewed. In the absence of credible verification of all eligibility factors, eligibility for the Medicaid program may not be established. N.J.A.C. 10:72-2.3(e).

As part of the application process, both the applicant and the agency have responsibilities related to the application process. The agency exercises direct responsibility in the application process to:

1. Inform the applicants about the purpose and eligibility requirements for Medicaid Only, inform them of their rights and responsibilities under its provisions and inform applicants of their right to a fair hearing;
2. Receive applications;
3. Assist the applicants in exploring their eligibility for assistance;
4. Make known to the applicants the appropriate resources and services both within the agency and the community, and, if necessary, assist in their use;
5. Assure the prompt and accurate submission of eligibility data to the Medicaid status files for eligible persons and prompt notification to ineligible persons of the reason(s) for their ineligibility.

[N.J.A.C. 10:71-2.2(c).]

As a participant in the application process, an applicant is required to:

1. Complete, with assistance from the CSSA if needed, any forms required by the CSSA as a part of the application process;
2. Assist the CSSA in securing evidence that corroborates his or her statements;
3. Report promptly any change affecting his or her circumstances.

[N.J.A.C. 10:71-2.2(e).]

While the petitioner would like to shift the burden to the respondent in this matter by arguing that the respondent failed to communicate with the DAR in violation of the regulations, it is not the County's responsibility to reach out to each and every applicant to remind them to provide the necessary or missing documentation to process their application, particularly since it had already been requested. Moreover, respondent did not have the ability to obtain the required documentation; that access lies solely with the petitioner.

In sum, petitioner was told what documentation was required and when it was due. Unfortunately, what was provided was not fully responsive to the RFI, nor did the petitioner present any exceptional circumstances at any time prior to the Application's denial or even at the hearing to explain why the Santander Bank information for account #3233 was missing. Last, at no time did the DAR request an extension to obtain and provide the required documentation.

For all of the foregoing reasons, I **CONCLUDE** that respondent's denial of petitioner's application for failure to provide the required documentation was appropriate.

ORDER

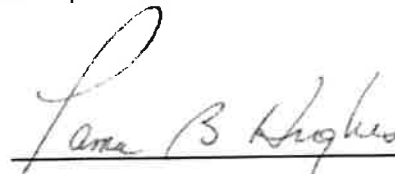
I **ORDER** that petitioner's appeal is **DISMISSED**.

I **FILE** my initial decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** for consideration. This recommended decision may be adopted, modified, or rejected by the **ASSISTANT COMMISSIONER**, who is authorized to make a final decision in this case. If the **ASSISTANT COMMISSIONER** does not adopt, modify, or reject this decision within forty-five days, and unless such time limit is otherwise extended, this recommended decision becomes a final decision under N.J.S.A. 52:14B-10(c).

Within seven days from the date on which this recommended decision is mailed to the parties, any party may file written exceptions at **ASSISTANT COMMISSIONER, DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES, Mail Code #3, PO Box 712, Trenton, New Jersey 08625-0712**, marked "Attention: Exceptions." A copy of any exceptions must be sent to the judge and to the other parties.

August 19, 2026

DATE



TAMA B. HUGHES, ALJ

Date Received at Agency:

Date Mailed to Parties:

TBH/dc

APPENDIX

Witnesses

For petitioner:

Jamie Fraser

For respondent:

Kurt Eichenlaub, Human Services Specialist 3

Exhibits

For petitioner:

None

For respondent:

R-1 Fair hearing packet