



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 14301-25

AGENCY DKT. NO. N/A

E.L.B.

Petitioner,

v.

**MORRIS COUNTY DHS/OFFICE
OF TEMPORARY ASSISTANCE,**
Respondent.

Robert Murray, Esq., for petitioner

Maira Rogers, Paralegal Specialist for respondent pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: September 19, 2025

Decided: October 2, 2025

BEFORE: **WILLIAM J. COURTNEY, ALJ:**

STATEMENT OF THE CASE AND PROCEEDURAL HISTORY

On March 27, 2025 respondent Morris County Department of Human Services/ Office of Temporary Assistance ("Agency") denied petitioner E.L.B.'s March 27, 2025 Application for Medicaid Long Term Supports and Services (MLTSS) benefits. Petitioner

filed a timely request of a Fair Hearing and the case was forwarded to the Office of Administrative Law ("OAL") on August 6, 2025 for resolution. The hearing was conducted on September 18, 2025. The record remained open to receive documents from petitioner's counsel. The record closed on September 19, 2025.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

I FIND the following as **FACT**:

1. Haley Appell is a paralegal at the Murray Firm which serves as counsel for the petitioner.
2. On April 22, 2025, the Agency forwarded a Request for Information ("RFI") letter to petitioner "c/o Haley Appell" at the address of the Murray Firm in Bernardsville, New Jersey.
3. The RIF sought statements for 6 separate bank accounts covering a 5-year period which included statements from Chase Bank account # 1465 from 3/1/20 to 3/1/25.
4. On May 6, 2025, Haley Appell sent 7 back-to-back emails to the designated case worker at the Agency (William Huyser) containing what she believed to be a complete response to the RFI.
5. In her fifth transmission (at 2:09 PM), she attached all of the 2024 Chase #1465 statements.
6. In her seventh transmission (at 2:17 PM), she mistakenly re-attached the same 2024 Chase #1465 statements instead of the 2025 statements for that same account as intended.
7. In that same seventh email, Ms. Appell asked Mr. Huysers to confirm whether anything further was needed.
8. No one from the agency responded to Ms. Appell's offer to provide additional information if needed and instead processed a denial of benefits.

Counsel for petitioner, Robert Murray, testified at the hearing that his office had

obtained all of the requested statements chase account # 1465 including the statements for 2025. He also testified that Ms. Appell simply made a clerical error when sending a second copy of the 2004 Chase statements in lieu of the 2025 Chase statements. I **FIND** Murray's testimony to be highly credible, and I agree that the duplication of the 2024 Chase statements during transmission was simply and clerical error and not a failure to comply with the agency's request. Mr. Murray's explanation as to what occurred is reasonable and makes logical sense given the large number of records Ms. Appell had to break down into smaller packages in order to transmit the documents electronically. I have reviewed Ms. Appell's communications with the Agency and **FIND** them to be appropriate and expressive of her intent to fully cooperate with the Agency to efficiently process the petitioner application for benefits. I have reviewed the various emails and the voluminous financial records contained therein and can readily understand how a clerical error could occur.

While I fully understand the Agency's need to process applications in a timely manner, it is important for the applicant and the agency to work collaboratively to gather the information necessary to process the application for benefits.

N.J.A.C. 10:71-2.2, makes it clear that both the Agency and the applicant are responsible for processing applications for Medicaid benefits. The Agency exercises direct responsibility in the application process and is required to assure prompt and accurate submission of eligibility data. *Id.* at 2.2(c)5. The applicant is required to complete, with the assistance of the CWA if needed any forms required by the CWA and part of the application process.

Here, in the course of processing the application, the Agency properly issued a RFI seeking the production of the 2024 Chase account #1465 statements covering a defined 5-year period. Their obligations under N.J.A.C. 10:71-2.2 however, did not end there. They are required to "assure" not only prompt but also "accurate" information. When the agency received petitioner's timely response to the RFI, they had to recognize that the 2024 statements were mistakenly submitted for the 2025 statements¹. I **FIND**

¹ When reviewing the statements produced in response to the RFI, it would have been obvious that the 2024 statements

that this clerical error was obvious because the fifth email transmission referenced and contained the 2024 statements and the seventh email transmission referenced the 2025 statements but contained a second copy of the 2024 statements.

I **FIND** that the Agency's obligation to assure an accurate submission is not satisfied by simply denying an application when circumstances indicate the applicant or their attorney was acting in good faith to comply with a RIF and their non-compliance was clearly a clerical error. Here, Ms. Appell not only submitted what she believed to be a fully responsive and timely response to the RFI, she also specifically requested that the Agency confirm whether anything else was needed. Instead of responding to Ms. Appell or taking any other action to address the clerical error, the Agency simply denied the application instead of taking any affirmative action to fulfil their obligation to assure an accurate submission of eligibility data.

In addressing the applicant's responsibilities, the regulations require the applicant to complete the application, with the assistance of the agency if needed, and assist the agency in securing evidence that corroborates his or her statements. N.J.A.C. 10:71-2.2(e). I **FIND** Ms. Appell fulfilled petitioner's obligations in the application process by providing a timely response to the RFI and expressing her willingness to provide additional information if needed.

A fair and comprehensive reading of N.J.A.C. 10:71-2.2 (c), (d) and (e) indicates that both the Agency and the applicant must take affirmative steps to communicate with each other, including efforts to clarify their prior communications and miscommunications. I **FIND** that the Agency did not, in this matter, sufficiently communicate with the petitioner to explain why the documents provided were insufficient. Given petitioner's timely and detailed response to respondent's RFI, and the uncontested testimony that the Murray Firm and the Agency work collaboratively on a regular basis, I **CONCLUDE** that Ms. Appell would have promptly responded to any notice by the Agency of a deficiency and would have worked with the Agency to provide the information in a timely fashion.

were inadvertently sent in a transmission that should have contained the 2025 statements. The identical set of documents had already been transmitted to the Agency in an email correctly identifying the documents as the 2024 statements from Chase Bank account #1465.

I **CONCLUDE** that the Agency breached its responsibilities under N.J.A.C. 10:71-2.2 by not communicating the claimed deficiencies to petitioner and not working with Petitioner to resolve the deficiencies prior to denying petitioner's application for Medicaid.

Finally, I **FIND** that although the petitioner did not provide all of the necessary documentation under N.J.A.C. 10:71-2.2 (e) and 2.2(a); exceptional circumstances (as detailed above) exist under N.J.A.C. 10:71-2.3(c); therefore, I **CONCLUDE** that the time limit for verification must be **EXTENDED** under N.J.A.C. 10:71-2.3(c)

ORDER

IT IS on this 2ndst day of October 2025 **ORDERED** that:

1. June 16, 2025 denial of MLTSS benefits is **VACATED**.
2. Petitioner's March 27, 2025 Application for MLTSS benefits is **REINSTATED**; and
3. Upon reinstatement of petitioner's Application for MLTSS benefits, respondent shall provide petitioner's counsel with a list of any additional documents or verifications needed to complete the processing of her Application.
4. Unless otherwise agreed to by the parties, petitioner shall have two weeks from the date of any request to supply the documents and/or verifications requested.

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.



October 2, 2025

DATE

WILLIAM J. COURTNEY, ALJ

Date Filed with Agency:

Date Sent to Parties:

db

APPENDIX

List of Witnesses

For petitioner:

Robert Muray, Esq.

For respondent:

Maira Rogers, paralegal specialist

List of Exhibits

For petitioner:

P-1 Documents provided to Agency

For respondent:

R-1 Information packet