



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 02482-25

AGENCY DKT. NO. N/A

L.G.,¹

Petitioner,

v.

MIDDLESEX COUNTY BOARD

OF SOCIAL SERVICES,

Respondent.

E.G., authorized representative, appearing for petitioner pursuant to N.J.A.C.
1:10B-5.1

Kurt Eichenlaub, Fair Hearing Liaison, appearing for respondent pursuant to
N.J.A.C. 1:1-5.4(a)(3)

Record Closed: April 9, 2025

Decided: April 30, 2025

BEFORE **MARY ANN BOGAN**, ALJ:

STATEMENT OF THE CASE

The petitioner, L.G., by his son and authorized representative E.G., appeals the decision of respondent, the Middlesex County Board of Social Services (MCBSS or

¹ The case was heard in conjunction with its companion case, HMA 02483-25.

Agency), denying eligibility for NJ FamilyCare due to his alleged failure to provide corroboratory evidence in a timely manner necessary to determine eligibility. N.J.A.C. 10:71-2.2(e)(2).

On appeal, the petitioner contends that he complied with the request for information (RFI) and informed the Agency that an extension of time was necessary to provide prior years' bank statements for 2019–2020. For the reasons cited below, the petitioner's Medicaid application should be reopened.

PROCEDURAL HISTORY

On November 21, 2024, the Agency issued the notice of eligibility denying the NJ FamilyCare application for failure to provide requested information required to determine eligibility in a timely manner since the petitioner did not provide bank statements for years prior to 2021. (R-B.) Petitioner properly filed an appeal of this eligibility decision. 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 February 4, 2025. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13. A hearing was held on April 9, 2025, and the record closed.

DISCUSSION AND FINDINGS OF FACT

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

On February 14, 2024, L.G., with the assistance of his authorized representative, filed a Medicaid application with the MCBSS on L.G.'s behalf. (R-A.) Section 4 of the application states:

Assistance with Application:

The applicant can choose someone to help them complete their application. We can contact this person for more information.

[R-A at 3.]

The applicant provided his authorized representative, E G., as his contact person.

Almost nine months later, on October 10, 2024, the caseworker issued an RFI requesting PNC bank statements for account #6127 from February 2019 to December 1, 2023, and February 1, 2024, to the present. The RFI further stated that the petitioner was to provide the information by October 24, 2024. "If you do not have the information requested, send a letter of explanation." (R-D.)

In response, the petitioner sent the requested information, including all of the PNC bank statements, except for years prior to 2021, stating, "[i]f you require prior years to 2021, please let us know, as we will have to request them from archive service, and it takes 7–10 business days." (R-E.)

On November 21, 2024, the Agency issued the notice of eligibility denying the NJ FamilyCare application for failure to provide requested information required to determine eligibility in a timely manner since the petitioner did not provide bank statements for years prior to 2021. (R-B.)

Testimony

Kurt Eichenlaub, human services specialist 3, is the fair hearing liaison for the Agency. Eichenlaub testified that since the petitioner did not provide the bank statements for years prior to 2021 and the petitioner did not explain three bank deposits as requested in the RFI the application was properly denied. Eichenlaub took the position that even though the Agency did not send a second RFI requesting the missing information, the Agency provided additional time to provide the information as petitioner requested because the Agency did not issue an eligibility decision until November 21, 2024. He could not explain the Agency's delay in processing the application beyond the forty-five-day processing deadline.

The caseworker who processed the application and issued the eligibility determination did not appear to testify.

E.G. is the petitioner's son and authorized representative. He candidly testified that he is not familiar with the process, especially since this is the first time a family member sought public assistance. E.G. recalled dropping off the initial set of documents to the Agency.

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 RFI, E.G. notified the Agency that not all of the information was available because the bank needed seven to ten business days to retrieve the older bank statements from its archive. Furthermore, the Agency did not responsively notify the petitioner that further information was needed to process the application and did not provide the petitioner with an extension of time to provide the remaining information even though the petitioner made that request in a timely manner.

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 February 14, 2024, pending application that they began to process almost nine months after the application was received. The Agency did not send written notification to the petitioner informing him of the Agency’s delay, did not respond to petitioner’s good-cause request for an extension of time to gather information that was delayed, and did not specifically notify petitioner of any outstanding information necessary to process the case to determine eligibility.

Furthermore, the Agency's position that there was an informal extension of time granted since the eligibility decision was not issued until November 21, 2024, is not persuasive.

These actions are inconsistent with the rules, and I **CONCLUDE** that the Agency did not satisfy its regulatory obligations.

I further **CONCLUDE** that the Agency did not demonstrate by a preponderance of evidence that the petitioner's delay in providing the earlier bank statements and failure to provide explanations of three bank deposits is a failure to provide information necessary to determine eligibility.

Based on the above findings and conclusions, it is appropriate for the Agency to reopen the application.

ORDER

I **ORDER** that the Medicaid application shall be returned to the MCBSS to process timely and make a new eligibility determination. The Agency shall reissue the RFI, request with specificity any necessary verification documents, and provide a reasonable time for petitioner to submit responsive documents. After that the Agency shall make a new eligibility determination for petitioner.

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.

April 30, 2025

DATE



MARY ANN BOGAN, ALJ

Date Received at Agency:

Date Mailed to Parties:

MAB/nn

APPENDIX

Witnesses

For petitioner

E.G.

For respondent

Kurt Eichenlaub, Human Services Specialist 3

Exhibits

For petitioner

None

For respondent

- R-A Application, dated February 2024
- R-B Notification of Eligibility
- R-C Citations
- R-D Request for Information
- R-E Copy of Information Received