



**State of New Jersey**  
OFFICE OF ADMINISTRATIVE LAW

**INITIAL DECISION**

OAL DKT. NO. HMA 17848-25  
AGENCY DKT. NO. N/A

**L.G.,**

Petitioner,

v.

**MIDDLESEX COUNTY BOARD  
OF SOCIAL SERVICES,**

Respondent.

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**Ursilla Mangra**, Designated Authorized Representative, for petitioner (CareOne-The Highlands)

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

Record Closed: January 14, 2026

Decided: February 4, 2026

BEFORE **ANDREA SPEVAK**, ALJ:

**STATEMENT OF THE CASE**

On April 15, 2025, petitioner, L.G., applied to respondent, the Middlesex County Board of Social Services (Middlesex County), for Medicaid but failed to provide financial verifications in response to Middlesex County's request for information (RFI). May

Middlesex County deny the application without informing L.G. that his response was insufficient? Yes. An applicant has the responsibility to complete required forms and assist the agency in securing evidence that corroborates statements in an application for Medicaid. N.J.A.C. 10:71-2.2(e).

### PROCEDURAL HISTORY

On September 30, 2025, Middlesex County denied L.G.'s April 15, 2025 application for Medicaid's Managed Long-Term Services and Supports (MLTSS) program for failure to provide requested verifications.

On October 2, 2025, Ursilla Mangra, L.G.'s designated authorized representative (DAR), appealed the determination.

On October 15, 2025, the Division of Medical Assistance and Health Services (DMAHS) transmitted the case to the Office of Administrative Law (OAL) as a contested case under the Administrative Procedure Act, N.J.S.A. 52:14B-1 to-15, and the act establishing the OAL, N.J.S.A. 52:14F-1 to-13, for a hearing under the Uniform Administrative Procedure Rules, N.J.A.C. 1:1-1.1 to -21.6.

On January 14, 2026, I held the hearing and closed the record.

### FINDINGS OF FACT

Based upon the testimony the parties provided and my assessment of their credibility, together with the documents the parties submitted and my assessment of their sufficiency, I **FIND** the following as **FACT**:

On April 15, 2025, the DAR, an employee of CareOne-The Highlands, applied for MLTSS on behalf of L.G. (R-A) Beginning on July 21, 2025, the DAR emailed Middlesex County regarding the status of the pending application, including when she would receive an anticipated RFI. (R-D)

On September 5, 2025, Middlesex County issued the RFI. Based on L.G.'s reported income, Middlesex County required the submission of a Qualified Income Trust (QIT) with the corresponding Schedule A. Among other items, the RFI also requested bank statements for a Capital One bank account with verifications for specific deposits, and verifications of insurance payments. (R-B).

On September 8, 2025 and September 19, 2025, the DAR submitted documents to Middlesex County in response to the RFI. (R-D). On September 22, 2025, the DAR emailed Middlesex County that "all documents were faxed over" in response to the RFI. (R-D).

On September 26, 2025, the DAR asked Middlesex County if any further information was needed and stated that "all required documents have been emailed as requested." Middlesex County did not respond. (R-D)

On September 30, 2025, Middlesex County denied L.G.'s application for failure to provide the requested verifications. Middlesex County's denial letter did not include which requested verifications L.G. failed to provide. On October 2, the DAR again asked Middlesex County what was missing from the RFI response and Middlesex County informed the DAR that she failed to include a Schedule A for the QIT and information on payments to an insurance provider from L.G.'s Capital One bank account. (R-D)

Until this time, the DAR believed the QIT Schedule A had been attached to the RFI submission. Further, she was previously unaware that L.G. had purchased a new insurance policy.

The DAR subsequently filed a new application, which has since been approved. (R-D)

### **CONCLUSIONS OF LAW**

Under the New Jersey Medical Assistance and Health Services Act, N.J.S.A. 30:4D-1 to -19.5, the Division of Medical Assistance and Health Services (DMAHS) is

responsible for administering Medicaid. N.J.S.A. 30:4D-5. Through its regulations, the DMAHS establishes policy and procedures for processing Medicaid cases. N.J.A.C. 10:71-2.2(b). To be financially eligible, the applicant must meet both income and resource requirements. See In re Estate of Brown, 448 N.J. Super. 252, 257 (App. Div. 2017); see also N.J.A.C. 10:71-3.15; N.J.A.C. 10:71-1.2(a).

The County Social Services Agency (CSSA) and the applicant share responsibility for the application process. N.J.A.C. 10:71-2.2. The CSSA exercises direct responsibility in the application process to inform applicants about the process, eligibility requirements, and their right to a fair hearing; receive applications; assist applicants in exploring their eligibility; make known the appropriate resources and services; assure the prompt, accurate submission of data; and promptly notify applicants of eligibility or ineligibility. N.J.A.C. 10:71-2.2(c) and (d). An applicant has the responsibility to complete required forms and assist the agency in securing evidence that corroborates statements in the application. N.J.A.C. 10:71-2.2(e).

Here, the DAR does not contest Middlesex County's need for the requested information, including the QIT Schedule A, to establish L.G.'s financial eligibility. Nor does the DAR assert insufficient time to submit the information. Rather, the DAR argues that Middlesex County should have told her what was missing from the RFI response before denying the application.

While the application process is designed to be collaborative, each party has specific responsibilities. The CSSA determines eligibility based on information and verifications submitted by an applicant or otherwise independently obtained. To that end, it assists applicants in understanding what information and documentation is needed, which may include issuing an RFI. A CSSA is not required to tell applicants that their RFI responses are insufficient, especially when applicants tell the CSSA that "all required documents" have been submitted. The obligation to complete the application and secure corroborating information ultimately rests with the applicant.

I **CONCLUDE** that the DAR's response to the RFI failed to provide requested verifications as NJAC 10:71-2.2(e) requires that no exceptional circumstances exist under

N.J.A.C. 10:72-2.3(c), and that L.G.'s April 15, 2025, application for MLTSS must be denied for failure to provide those requested verifications.

**ORDER**

Given my findings of fact and conclusions of law, I **ORDER** that L.G.'s application for MLTSS dated April 15, 2025, is **DENIED** and that this case **DISMISSED**.

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.

February 4, 2026  
DATE

  
ANDREA SPEVAK, ALJ

Date Received at Agency:

February 4, 2026

Date Mailed to Parties:

February 4, 2026

AS/nn

**APPENDIX**

Witnesses

For petitioner:

Ursilla Mangra, Designated Authorized Representative  
L.G.

For respondent:

Kurt Eichenlaub, Human Services Specialist 3

Exhibits

For petitioner:

None

For respondent:

- R-A Application
- R-B Request for Information
- R-C Adverse Action Notice
- R-D Emails between the DAR and the Agency