



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 18712-25

AGENCY DKT. NO. N/A

R.J.,

Petitioner,

v.

MIDDLESEX COUNTY BOARD

OF SOCIAL SERVICES,

Respondent.

Lee Ginsburg, Esq., appearing for petitioner (Community Health Law Project, attorneys)

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

Record Closed: February 9, 2026

Decided: February 19, 2026

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

STATEMENT OF THE CASE

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

On appeal, the petitioner contends that he complied with the July 12, 2025, request for information (RFI) by the Agency to his December 8, 2024 application and he also requested additional time to provide the information requested for the first time on July 12, 2025. The applicant provided additional information on August 7, 2025, and the application was denied on August 12, 2025. No further request for information was served and no deficiency in additional documentation was provided. For the reasons cited below, the petitioner's Medicaid application should be reopened.

PROCEDURAL HISTORY

On August 12, 2025, the Agency issued the notice denying the petitioner's NJ FamilyCare application for failure to provide requested information. The denial did not state what documentation was missing, nor did it give the applicant an opportunity to provide the documentation. Petitioner properly filed a timely appeal of this 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 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 9, 2026, and the record closed at that time.

DISCUSSION AND FINDINGS OF FACT

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

1. On December 8, 2024, R.J., with the assistance of his caregiver, filed a Medicaid application with the MCBSS.
2. Following the submission of the application, the petitioner went to the Agency on at least two separate occasions to request the status of his application.

3. On July 12, 2025, the MCBSS, for the first time since the submission of the application in December of 2024, requested some additional information.
4. The applicant requested additional time to provide the requested information and on August 7, 2025, provided the Agency with additional information.
5. The Agency did not request any additional information, or indicate that the documentation was deficient, and on August 12, 2025, the application was denied for "failure to provide additional documentation." The additional documentation was not listed in the denial, nor were there any additional requests for documentation.
6. Through counsel, the applicant learned what additional information was needed, which had not been requested in the pending eight months of the application, and thereafter, provided same on September 16, 2025.
7. Notwithstanding notice of disability of the client and the prompt submission of the documentation, which had never before been requested, the Agency refused to reopen and consider the additional documentation.

Testimony

Besty Narango, Human Services Specialist 3, testified for the respondent. She confirmed that the application was filed on December 8, 2024, and the Agency requested additional documentation for the first time on July 12, 2025. Ms. Narango confirmed that the applicant provided proof of disability and requested additional time to submit documentation. Additional documentation was provided on August 7, 2025, and the application was denied on August 12, 2025. She testified that the denial did not indicate what documentation was missing and did not give the applicant any additional time to provide the missing documents. She does not know what was missing and conceded that there was no request for additional documentation. She also conceded that the Agency had had taken eight months to process the application and that the applicant had inquired in person about the status of the application. She could not explain the Agency's

delay in processing the application beyond the forty-five-day processing deadline, or why they refused to give the applicant additional time to submit the newly requested information.

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

R.J., petitioner, is disabled as a result of the traumatic brain injury. He has a care giver who assisted him with the application and retained the Community Health Law Project when his application was denied eight months later. He filed the application on December 8, 2024, and went to the MCBSS offices on two occasions to inquire about the status of the application. He testified that the first request for any additional documentation was not received until July 12, 2025, and he asked for some additional time due to his disability and to enable him to adequately respond to the request for bank statements. He submitted the requested documentation on August 7, 2025, including everything they asked for. On August 12, 2025, his application was denied with the stated reason that he had failed to provide requested documentation. The denial does not list what documentation was missing and no other request for documentation has been provided. He promptly retained counsel who was eventually advised what documents were being requested for the first time. The additional documentation was provided in September, but the Agency refused to reopen the application.

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 eight months after the application was filed and there was no request by the Agency to extend time for processing, the applicant requested additional time and submitted additional documentation on within the extension period. No further request was made by the Agency and the application was denied one week later for failure to provide requested information. There was no additional request for documentation and no additional time to provide same, notwithstanding the eight months to process the application. 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, and provided evidence of his disability in support of additional time.

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 December 8, 2024 pending application that they began to process almost eight 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, or follow up with a request for further documentation necessary to process the case to determine eligibility. The agency denied the application without requesting additional documentation or indicated what was missing.

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 preponderance evidence that the petitioner failed to provide requested documentation as it is undisputed that the petitioner provided additional documentation on August 7, 2025, and received no further request for additional documentation necessary to determine eligibility, notwithstanding the agency’s eight-month delay in processing the application.

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. Thereafter, 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.

February 19, 2026

DATE



SARAH G. CROWLEY, ALJ

Date Received at Agency:

February , 2026

Date Mailed to Parties:

February , 2026

SGC/lam

APPENDIX

Witnesses

For petitioner

R.J.

For respondent

Betsy Narango, Human Services Specialist 3

Exhibits

For petitioner

P-1 Packet from the petitioner consisting of nine exhibits

For respondent

R-1 Packet from the Board consisting of four exhibits