



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

**FINAL DECISION**

OAL DKT. NO. HMA 06090-24

AGENCY DKT. NO. N/A

**R.G.,**

Petitioner,

v.

**MORRIS COUNTY OFFICE OF  
TEMPORARY ASSISTANCE,**

Respondent.

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**R.G.,** appearing pro se

**Maira Rogers**, Fair Hearing Liaison, appearing for respondent Morris County  
Office of Temporary Assistance pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: August 8, 2024

Decided: October 16, 2024

BEFORE **ANDREW M. BARON**, ALJ:

**STATEMENT OF THE CASE AND PROCEDURAL HISTORY**

Petitioner appeals a determination terminating eligibility for New Jersey Age, Blind and Disabled program based on excess income.

## **DISCUSSION**

Based upon the testimony, **I FIND the following facts:**

Petitioner, age sixty-seven at the time of application on March 4, 2024 filed for continued coverage under the New Jersey Age, Blind and Disabled program. A Request for Verification letter seeking additional documents and information was sent out. Thereafter on March 27, 2024, the Division determined that petitioner was over the maximum allowable monthly income limit, with coverage scheduled to end on June 1, 2024.

Essentially, petitioner, cooperated and submitted financial documents as required under the statutes and regulations in accordance with N.J.A.C. 10:71-4.1 et seq.

At the time of application, the maximum allowable income was \$1,255.00 for a household of one. Petitioner's Social Security Disability income is \$1,488.00 a month.

Petitioner meets the first criteria as his disability onset before age 65 was in 2017. Other than standard income deductions of \$20.00 and \$65.00 a month respectively..

**I THEREFORE FIND** for purposes of this application, that the Division correctly determined that at the time of re-certification, petitioner was not eligible under the income limits of the program.

Despite the determination here that he is not eligible for AB&D due to excess income petitioner is not precluded from looking into the possibility of continued coverage under either the Workability Program provided it does not interfere with his Disability, and/or the MLTSS Program depending on the level of assistance he requires.

Another proposed option suggested to petitioner in order to secure continued coverage was the Get Covered New Jersey program.

### **LEGAL ANALYSIS AND DISCUSSION**

In this matter, the only dispute is whether the Division correctly determined that petitioner was not eligible to receive benefits at the time of application for the New Jersey family care Program due to excess income.

N.J.A.C. 10:71-5.1 establishes financial eligibility standards for applicants.

Under subsection (b), Income is defined as receipt, by the individual, of any property or service which he or she can apply, either directly or indirectly or by sale or conversion, to meet his or her basic needs of food and shelter. All household income, whether in cash or in kind, shall be considered in the determination of eligibility, unless such income is exempt under N.J.A.C. 10:71-5.3.

Earned income is defined as payment received by an individual for services performed as an employee. Unearned income is defined as any income which is not coincident with the provisions set forth above.

N.J.A.C. 10:71-5.1 et seq. differentiates between earned income as gross income, and net income as self-employment income.t.

On the basis of the facts set forth above, I **CONCLUDE** that the Division correctly determined that at the time of re-certification, petitioner was not eligible to receive benefits due to excess income.

### **ORDER**

Based upon the foregoing, it is **ORDERED** that the decision of the agency to terminate petitioner's application for re-certification of benefits is hereby **AFFIRMED**.

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 16, 2024

DATE



**ANDREW M. BARON, ALJ**

Date Record Closed:

October 16, 2024

Date Filed with Agency:

October 16, 2024

Date Sent to Parties:

October 16, 2024

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**APPENDIX**

**LIST OF WITNESSES**

For Petitioner:

R.G.

For Respondent:

Maira Rogers

**LIST OF EXHIBITS IN EVIDENCE**

For Petitioner:

None

For Respondent

R-1 Division package