State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

FINAL DECISION
OAL DKT. NO. HMA 01315-25
AGENCY DKT. NO. N/A

F.G.,

Petitioner,

v.

MORRIS COUNTY BOARD
OF HUMAN SERVICES,
OFFICE OF TEMPORARY ASSISTANCE,

Respondent.

F.G. appearing pro se

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

Record Closed: March 20, 2025 Decided: August 6, 2025

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

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

Petitioner appeals a determination denying 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 fifty-five at the time of application, 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 in October 2024. Thereafter on November 25, 2024, the Division determined that petitioner was over the maximum allowable monthly income limit, with coverage scheduled to end on January 1, 2025.

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 $1705.00 for a household of two. Petitioner's Social Security income is $1662.70 a month, combined with his spouse's LSS income $804.70 was a total of $2467.40 in excess of the maximum allowable income limit.

Other than standard income deductions of $20.00 and $65.00 a month respectively, Medicaid does not have an additional miscellaneous deduction for an overpayment that is being paid from Social Security Disability benefits.

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 she I 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 her Disability, and/or the MLTSS Program depending on the level of assistance she 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.

Here, it is clear that petitioner was employed at the time of application and had a combined household income in excess of the maximum Federal poverty limit.

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 deny's petitioner's renewal application is **AFFIRMED.**

I FILE this decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES.**

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.

August 6, 2025
DATE

ANDREW M. BARON, ALJ

Date Record Closed: August 6, 2025

Date Filed with Agency: August 6, 2025

E-Mailed to Parties: August 6, 2025

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APPENDIX

LIST OF WITNESSES

For Petitioner:

F.G.

For Respondent:

Maira Rogers

LIST OF EXHIBITS IN EVIDENCE

For Petitioner:

None

For Respondent

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