State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

FINAL DECISION
OAL DKT. NO. HMA 08167-25
AGENCY DKT. NO. N/A

P.P.,

Petitioner,

v.

MORRIS COUNTY DHS/
OFFICE OF TEMPORARY ASSISTANCE,

Respondent.

P.P., pro se, petitioner assisted by **G.P.**, son

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: August 26, 2025 Decided: August 27, 2025

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

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

Petitioner appeals a determination denying eligibility for New Jersey Family Care based on excess income over the eligibility limit.

DISCUSSION

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

Petitioner, age seventy-two at the time of filing an application, sought coverage under the New Jersey Family Care program.

Monthly income was verified. It showed petitioner, a household of two, with a combined household income of $1,946.80. The household includes two minor children ages ten and three respectively. Thereafter on January 17, 2024, the Division determined that petitioner was over the maximum allowable monthly income limit of $1,763.00. There were no significant exemptions other than the standard $20.00 that would bring petitioner or his spouse under the maximum allowable limit for this program.

More specifically, at the time of application, petitioner received $371.00 in Social Security, and his wife had $3,256.00 in gross earnings, divided by two, which came to $1,595.80. During the hearing it was explained that the formula uses an average of 4.3 weeks in a month which constitutes 30 or 31 days. Regardless, the petitioner and his spouse were still over the maximum allowable limit which has no flexibility.

(Though petitioner and his representative asked valid questions during the hearing, it is important to indicate here that they both seem to have quite a bit of experience with the Medicaid process and system, dating back to July 2015 when petitioner first became eligible, and whose eligibility has continued off and on since that time over the course of eight different applications).

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.

I THEREFORE FIND for purposes of this application, that the Division correctly determined that at the time of renewal/review, petitioner and her family were not eligible under the income limits of the program.

At the conclusion of the hearing, since petitioner's son indicated that his mother's income had been reduced, they were encouraged to reapply.

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 renewal/review, petitioner was not eligible to receive benefits under the New Jersey Family Care Program due to excess income.

ORDER

Based upon the foregoing, it is **ORDERED** that the decision of the agency to deny petitioner's application for 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.

August 27, 2025
DATE

ANDREW M. BARON, ALJ

Date Record Closed: August 27, 2025

Date Filed with Agency: August 27, 2025

Date Sent to Parties:

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APPENDIX

LIST OF WITNESSES

For Petitioner:

P.P.

G.P.

For Respondent:

Maira Rogers

LIST OF EXHIBITS IN EVIDENCE

For Petitioner:

None

For Respondent

R-1 Division package