



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 00229-25

R.A.,

Petitioner,

v.

**PASSAIC COUNTY BOARD OF
SOCIAL SERVICES,**

Respondent.

R.A., petitioner, pro se

Delis Santana, Fair Hearing Liaison, appearing pursuant N.J.A.C. 1:1-5.4(a)2

Record Closed: March 18, 2025

Decided: May 14, 2025

BEFORE **IRENE JONES**, ALJ (Ret., on recall):

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

Petitioner, R.A., appeals the decision of the respondent, Passaic County Board of Social Services, that terminated her Medicaid benefits effective September 30, 2024. Respondent alleges that petitioner's income exceeds eligibility limits.

FINDING OF FACTS

Based on the record, I **FIND** the following **FACTS**:

1. On September 3, 2024, petitioner presented documents for recertification. By notice dated September 3, 2024, the respondent notified the petitioner that her Medicaid benefits were terminated, effective September 30, 2024.
2. Respondent advised the petitioner that her income exceeded eligibility standards under N.J.A.C. 10:72-4.1.
3. On January 22, 2025, petitioner applied for SNAP benefits and reported that she was unemployed. She further reported that she was a recent widow and that she and her daughter were receiving survivors benefits in the amount of \$1398. At the time, petitioner also reported earned income of \$3079 from her employment at a car wash.
4. Petitioner now drives for Uber and reported gross income in 2025 of \$4040.49.

FINDINGS AND CONCLUSION

I **FIND** and **CONCLUDE** that petitioner's household consists of two people, petitioner and one child. The family's income consists of earned and unearned income. At the time of application, petitioner was employed at a car wash. She no longer works there and now drives for Uber and her eligibility must be redetermined. The record shows that at the time of application petitioner's income exceeded eligibility limits and I so **FIND**. Since it has been thirty days since the denial, petitioner must reapply by filing a new application to determine her eligibility and it is so **ORDERED**.

ORDER

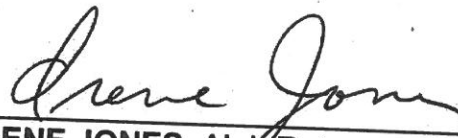
It is therefore **ORDERED** that the respondent's termination of Medicaid benefits due to excess income is hereby **AFFIRMED**.

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.

May 14, 2025

DATE



IRENE JONES, ALJ (Ret., on recall)

Date Record Closed:

March 18, 2025

Date Filed with Agency:

May 14, 2025

Date Sent to Parties:

May 14, 2025

APPENDIX

WITNESSES

For Petitioner:

R.A., pro se

For Respondent:

Delis Santana, Fair Hearing Liaison

EXHIBITS

For Petitioner:

P-1 Petitioner Packet

For Respondent:

R-1 Agency Packet