



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

**FINAL DECISION**

OAL DKT. NO. HMA 00620-25

AGENCY DKT. NO. N/A

**A.R.,**

Petitioner,

v.

**ESSEX COUNTY BOARD**

**OF SOCIAL SERVICES,**

Respondent.

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**A.R.,** appearing pro se

**Lourdes Santiago,** Interpreter

**Modupeola Daramola,** Fair Hearing Liaison, and **Tara Tracy,** Specialist,  
appearing for respondent Union County Board of Social Services pursuant  
to N.J.A.C. 1:1-5.4(a)(3),

Record Closed: May 23, 2025

Decided: February 26, 2026

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

**STATEMENT OF THE CASE AND PROCEDURAL HISTORY**

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

## DISCUSSION

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

Petitioner, age sixty-two at the time of the renewal application, filed for continued coverage, for himself, his wife and two children under the New Jersey Family Care program. A Request for Verification letter seeking additional documents and information was sent out. Thereafter on June 5, 2024, the Division determined that petitioner was over the maximum allowable monthly income limit, for a family of four with the maximum allowable income threshold at the time being not to exceed \$3,458.00

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 renewal, petitioner's total household income was \$5,833.00.00 a month, \$2,400.00 more than the maximum allowed.

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 he is not eligible for New Jersey Family Care due to excess income petitioner is not precluded from looking into the possibility of continued coverage under either the Workability Program or reapplying should his financial circumstances change.

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 petitioner's application for benefits is hereby **AFFIRMED**.

I hereby **FILE** my initial decision with the **DIRECTOR OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** for consideration.

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 26, 2026

DATE



**ANDREW M. BARON, ALJ**

Date Record Closed:

February 26, 2026

Date Filed with Agency:

February 26, 2026

Mailed to Parties:

February 26, 2026

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**APPENDIX**

**LIST OF WITNESSES**

For Petitioner:

A.R.

For Respondent:

Modupeola Daramola

Tara Tracy

**LIST OF EXHIBITS IN EVIDENCE**

For Petitioner:

None

For Respondent

R-1 Division package