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

**FINAL DECISION**

OAL DKT. NO. HMA 10834-2024

**H.M.,**

Petitioner,

v.

**ESSEX COUNTY BOARD OF SOCIAL SERVICES,**

Respondent.

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**H.M**, petitioner, pro se

**Denise Collison**, Caseworker, for respondent pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: February 4, 2025 Decided: September 9, 2026

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 failure to provide documents.

## DISCUSSION

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

Petitioner 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 following the post-Covid renewal period.

During the course of the hearing, petitioner candidly testified that she had been a resident of Neptune, New Jersey for the past ten years.

**I FIND,** Neptune is in Monmouth County, thus rendering this appeal a moot issue, as Essex County does not have jurisdiction over this applicant.

**I FURTHER FIND,** and petitioner stipulated that for purposes of seeking continued eligibility for Medicaid, she had in fact submitted her renewal application to Monmouth County.

**I FIND** petitioner to be a credible witness who has knowledge of what is required in order to continue eligibility.

Having **FOUND**, that petitioner is a resident of Monmouth County, **I FURTHER FIND** that the denial in this case, though on other grounds for failure to provide documents should be **AFFIRMED,** and the appeal should also be denied due to lack of jurisdiction on the basis of petitioner's residency.

**I FURTHER FIND**, petitioner submitted financial documents through a new application, and not this application 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 re-certification, petitioner was not eligible to receive continued benefits due to failure to cooperate, and as such the determination must be **AFFIRMED.**

## 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 failure to cooperate.

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 the petitioner cooperated and for reasons unknown, the documents she timely dropped off were not scanned to her file, thus leading to an incorrect determination that she failed to cooperate.

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 failure to cooperate, therefore the decision must be **AFFIRMED,** as well as the fact that petitioner was not an Essex County resident at the time of renewal and appeal.

## ORDER

Based on the foregoing, it is **ORDERED** that the decision of the agency to deny petitioner's renewal application is **AFFIRMED.**

I **FILE** my initial decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** for consideration. This recommended decision may be adopted, modified, or rejected by the **ASSISTANT COMMISSIONER**, who is authorized to make a final decision in this case. If the **ASSISTANT COMMISSIONER** does not adopt, modify, or reject this decision within forty-five days, and unless such time limit is otherwise extended, this recommended decision becomes a final decision under N.J.S.A. 52:14B-10(c).

Within seven days from the date on which this recommended decision is mailed to the parties, any party may file written exceptions at **ASSISTANT COMMISSIONER, DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES, Mail Code #3, PO Box 712, Trenton, New Jersey 08625-0712**, marked "Attention: Exceptions." A copy of any exceptions must be sent to the judge and to the other parties.

September 9, 2026
DATE

**ANDREW M. BARON,** ALJ

Date Filed with Agency: September 9, 2026

E-Mailed to Parties: September 9, 2026
as

## APPENDIX

## LIST OF WITNESSES

For Petitioner:

H.M.

For Respondent:

Denise Collison

## LIST OF EXHIBITS IN EVIDENCE

For Petitioner:

None

For Respondent

R-1 Division package