



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

FINAL DECISION

OAL DKT. NO. HMA 06196-25

AGENCY DKT. NO. N/A

J.P.,

Petitioner,

v.

**BERGEN COUNTY BOARD
OF SOCIAL SERVICES,**

Respondent.

J.P., appearing pro se

Jill Cotter, Fair Hearing Liaison, appearing for respondent Bergen County Board
of Social Services pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: July 22, 2025

Decided: March 4, 2026

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

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

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

DISCUSSION

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

Petitioner, age thirty-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. Documentation was provided reflecting petitioner with income of \$6,788.00 a month, which was well over the maximum allowable income at the time of \$1,800.00 a month. Thereafter on January 31, 2025, the Division determined that petitioner was over the maximum allowable monthly income limit, with coverage scheduled to end on February 28, 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 \$6788.00.00 for a household of one.

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 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.

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.

March 4, 2026

DATE



ANDREW M. BARON, ALJ

Date Record Closed:

March 4, 2026 ¹

Date Filed with Agency:

March 4, 2026

Date Sent to Parties:

March 4, 2026

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APPENDIX

LIST OF WITNESSES

For Petitioner:

J.P.

For Respondent:

Jill Cotter

LIST OF EXHIBITS IN EVIDENCE

For Petitioner:

None

For Respondent

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