State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 01228-26

W.B.,

Petitioner,

v.

ESSEX COUNTY BOARD OF SOCIAL SERVICES,

Respondent.

W.B., petitioner, pro se

Adioma Gulani, Caseworker, for petitioner, pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: March 2, 2026 Decided: May 15, 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.

FINDINGS OF FACT

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 in mid-October 2025.

The request was for paystubs for his part-time work for Door Dash, and for copies of bank statements.

Petitioner, who serves as a caregiver for a parent and who has been dealing with medical issues for some time, contends that without the coverage, he will not be able to continue the critical medical services he requires.

Familiar with the process and the requirement to provide documents, petitioner said he hand delivered the requested documents in a timely manner to the box designated for such papers at the Division office on University Avenue.

Though the Division says it did not receive the documents, in this and several other cases, petitioners indicated they hand delivered documents, but for some unknown reason, have experienced issues with the Division acknowledging receipt of the documents and having them timely scanned into an applicant's file.

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

I FURTHER FIND 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 incorrectly 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** reversed.

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

On the basis of the facts set forth above, I **CONCLUDE** that the Division incorrectly 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 **REVERSED**.

ORDER

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

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 15, 2026
DATE

Andrew M. Baron, ALJ

Date Filed with Agency: _____

Date Sent to Parties: _____

as

APPENDIX

LIST OF WITNESSES

For Petitioner:

W.B.

For Respondent:

Adioma Julani

LIST OF EXHIBITS IN EVIDENCE

For Petitioner:

None

For Respondent:

R-1 Division package