



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

**FINAL DECISION**

OAL DKT. NO. HMA 10206-24

AGENCY DKT. NO. N/A

**P.B.,**

Petitioner,

v.

**MORRIS COUNTY, DEPARTMENT  
OF HUMAN SERVICES, OFFICE OF  
TEMPORARY ASSISTANCE,**

Respondent.

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**P.B.,** petitioner pro se, pursuant to N.J.A.C. 1:10B-5.1

**Maira Rogers,** appearing for respondent Morris County DHS/Office of Temporary  
Assistance, pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: October 17, 2024

Decided: September 16, 2025

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

**STATEMENT OF THE CASE AND PROCEDURAL HISTORY**

Petitioner appeals the Medicaid eligibility date determination for having excess income at the time of redetermination.

The within appeal was filed the within appeal was filed on her behalf on July 29, 2024, and the matter was transferred and filed as a contested case with the Office of Administrative Law under N.J.S.A. 52:14B-2(b).

### **FINDINGS OF FACT**

Based upon due consideration of the facts stipulated by both parties as accurate, I **FIND** the following **FACTS**:

1. Petitioner has a spinal injury and has been on various forms of Medicaid since 2012.
2. He remained on full Medicaid benefits through the Covid emergency.
3. A redetermination letter was sent to petitioner, seeking certain information, specifically monthly income.
4. In accordance with post-Covid policy, petitioner submitted his redetermination application on June 14, 2024.
5. His income information showed monthly income of \$2795.00, which is in excess of the maximum allowable amount for a single individual of \$1255.00 a month.
6. Even with allowable set asides, petitioner was deemed ineligible and was terminated.
7. As an alternative petitioner tried to participate in the workability program which allows for a higher income level but was unable to sustain his obligations under the program.
8. A second application filed on September 6, 2024 was also denied due to excess income.

### **LEGAL ANALYSIS AND DISCUSSION**

In this matter, the only dispute is whether the Division correctly determined that petitioner was not eligible for Medicaid after July 1, 2024, based on excess income.

N.J.A.C. 10:71-4.5 (c) establishes income limits in order to become eligible for AB&D Medicaid Programs with a maximum allowable income threshold of \$1255.00 a month.

Petitioner had assets in excess of that amount at the time of his renewal application.

Accordingly, I **CONCLUDE** the denial of eligibility determination effective June 27, 2024, and September 6, 2024, respectively is hereby **AFFIRMED**.

### **ORDER**

Based upon the foregoing, it is **ORDERED** that the decision of the agency denying petitioners' application is and the same 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.

September 16, 2025

DATE

  
**ANDREW M. BARON, ALJ**

Date Record Closed:

September 16, 2025

Date Filed with Agency:

September 16, 2025

E-Mailed to Parties:

September 16, 2025

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**APPENDIX**

**LIST OF WITNESSES**

**For Petitioner:**

P.B.

**For Respondent:**

Maira Rogers

**LIST OF EXHIBITS IN EVIDENCE**

**For Petitioner:**

None

**For Respondent:**

- R-1 Request for Information
- R-2 Redetermination application
- R-3 Income verification
- R-4 Budget
- R-5 Termination letter
- R-6 RFI letter
- R-7 Re-application, RFI letter, denial