



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

FINAL DECISION

OAL DKT. NO. HMA 14992-25

AGENCY DKT. NO. N/A

B.C.,

Petitioner,

v.

**ESSEX COUNTY BOARD
OF SOCIAL SERVICES,**

Respondent.

B.C., petitioner, pro se

Sandra Asante and **Denise Collison** appearing for respondent Union County Board of Social Services, pursuant to N.J.A.C. 1:1-5.4(a)(3)

Record Closed: October 6, 2024

Decided: January 14, 2026

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

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

Petitioner appeals the denial of Medicaid eligibility under the New Jersey Family Care Program for being \$9.00 over the income limit for eligibility to participate in the program. The total amount of combined household income was \$3,074.00, and at the

time of renewal, the maximum allowable income for a household this size was \$3065.00, with no flexibility despite a small differential.

The within appeal was filed the within appeal was filed on his behalf on August 26, 2025, 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).

DISCUSSION

Petitioner, age 52, whose renewal application was submitted on June 27, 2025, for the New Jersey Family Care Program.

The maximum allowable income under the New Jersey Family Care Program is \$3,065.00 a month, therefore petitioner was approximately \$9.00 a month over the limit. His children were eligible to continue on an uninterrupted basis.

Subsequent to this hearing, petitioner was advised to apply for the Get Covered New Jersey Program, based on the information available at the time.

FINDINGS OF FACT

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

1. Petitioner was a resident of Madison, and, as such a Medicaid renewal application was filed on their behalf for eligibility under the New Jersey Family Care Program.
2. The combined household income is \$3,074.00 which while only \$9.00 over the limit, has no flexibility, other than a five percent set aside, which it appears was applied.
3. After a full review of the household income, the Division offered an alternative which has a higher income limit in the form of the Get Covered New Jersey Program.

4. Accordingly, **I FIND** that the denial of eligibility for the New Jersey Family Care Program, which was issued on July 9, 2025, was appropriate, and is hereby **AFFIRMED**.

LEGAL ANALYSIS AND DISCUSSION

In this matter, the only dispute is whether the Division correctly determined that petitioner was not eligible for the Jersey Care Aged Program, based on excess monthly household income.

N.J.A.C. 10:71-4.1 establishes income limits in order to become eligible for Special Medicaid Programs such as New Jersey Family Care, with a combined maximum allowable amount of \$3065.00 a month.

Accordingly, **I CONCLUDE** the determination denying eligibility for the New Jersey Family Care was correct and is hereby **AFFIRMED**.

ORDER

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

January 14, 2026

DATE



ANDREW M. BARON, ALJ

Date Record Closed:

January 14, 2026

Date Filed with Agency:

January 14, 2026

Mailed to Parties:

January 14, 2026

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APPENDIX

LIST OF WITNESSES

For Petitioner:

B.C.

For Respondent:

Sandra Asante

Denise Collison

LIST OF EXHIBITS IN EVIDENCE

For Petitioner:

None

For Respondent:

R-1 Package consisting of application, worksheet and denial