



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

**INITIAL DECISION**

OAL DKT. NO. HMA 19098-25

**E.G.,**

Petitioner,

v.

**UNION COUNTY BOARD OF  
SOCIAL SERVICES,**

Respondent.

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**E.G.,** petitioner, pro se

**Rayya Muhammad-Ambroise**, Human Services Specialist III, for respondent  
pursuant to N.J.A.C. 1:1-5.4(a)3

Record Closed: January 7, 2026

Decided: January 14, 2026

BEFORE **SUSANA E. GUERRERO**, ALJ:

**STATEMENT OF THE CASE**

Petitioner appeals the denial of her Medicaid application by respondent, the Union County Board of Social Services (CWA) due to excess income.

### PROCEDURAL HISTORY

The Division of Medical Assistance and Health Services (DMAHS) transmitted the matter to the Office of Administrative Law (OAL), where it was filed on November 4, 2025. The hearing took place via telephone on January 7, 2026, and the record closed at the conclusion of the hearing.

### FINDINGS OF FACT AND CONCLUSIONS OF LAW

Based on my review of the documentary evidence and testimony, I **FIND** the following **FACTS**:

I **FIND** that petitioner is authorized to pursue this appeal. Therefore, I **CONCLUDE** that petitioner has **STANDING** to pursue this appeal.

Petitioner resides in a household unit of two, as reflected in her renewal application for NJ FamilyCare. While E.G. does not currently work, her husband is employed and she provided paystubs from his employer. The Agency properly calculated that, based on the information provided by petitioner, there is a monthly household income of at least \$2,488.

I **CONCLUDE** that the petitioner is over the applicable monthly income limit of \$2,433 and is, therefore, **INELIGIBLE** for Medicaid benefits under N.J.A.C. 10:78-1.1(b), N.J.A.C. 10:70, 42 CFR 435.119(b)(5).

### ORDER

Based upon the foregoing, I **ORDER** that petitioner is **INELIGIBLE** for Medicaid benefits under 42 CFR 435.119(b)(5), N.J.A.C. 10:78-1.1(b) and N.J.A.C. 70.

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

  
SUSANA E. GUERRERO, ALJ

Date Received at Agency: \_\_\_\_\_

Date Mailed to Parties: \_\_\_\_\_

jb

**APPENDIX**

**WITNESSES**

For Petitioner:

E.G.

For Respondent:

Rayya Muhammad-Ambroise

**EXHIBITS**

For Petitioner:

P-1 Documents submitted to agency (see R-1)

For Respondent:

R-1 Petitioner's packet