



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 20496-25

AGENCY DKT. NO. N/A

N.A.,

Petitioner,

v.

MIDDLESEX COUNTY BOARD

OF SOCIAL SERVICES,

Respondent.

N.A., petitioner, pro se

Betsy Naranjo, Human Services Specialist III, for respondent, appearing pursuant to N.J.A.C. 1:1-5.4(a)3

Record Closed: March 31, 2026

Decided: April 17, 2026

BEFORE **SARAH G. CROWLEY,** ALJ:

PROCEDURAL HISTORY

The petitioner's Medicaid benefits were terminated on the grounds that the household was over income. Petitioner requested a fair hearing, and the matter was filed at the Office of Administrative Law (OAL), to be heard as a contested case pursuant to N.J.S.A. 52:14B-1 to 15 and 14F-1 to 13. The matter was initially scheduled for February

26, 2026. The petitioner indicated that he was going to file a new application, so the matter was adjourned to March 31, 2026, to give petitioner an opportunity to file a new application. The matter was heard on March 31, 2025, and the record closed at that time.

TESTIMONY AND FINDINGS OF FACT

Besty Naranjo, is a Human Services Specialist III for the Middlesex County Board of Social Services (HCBSS). She testified regarding the process of determining eligibility and the income level of the household in this matter. She explained that the children will continue to be covered under a separate plan, but the parents are over income. The documents which were filed by the petitioner indicate a household income of \$5,406. These documents were identified and entered into evidence collectively as R-1. Ms. Naranjo explained that the income limits for the program are \$3,330, and the household was over the income limit. The children qualified for benefits under a separate program which is administered by the State in Trenton and not by the MCBSS. She further testified that they have no record of a new application being filed by the petitioner.

N.A. testified on his behalf. He did not dispute the income calculation but did not understand why eligibility is calculated based on gross income and not net income. He indicated that he filed a new application in March. However, he did not demonstrate that the income level had changed or the calculations by the board were incorrect.

LEGAL ANALYSIS AND CONCLUSION

The sole issue under consideration is whether the petitioner qualified for Medicaid under the provision of N.J.A.C. 10:71-5.1. On May 5, 2025, the applicant filed a renewed application for NJ Family Care. The application indicated a household income of \$5,400 for a family of five. The application was denied by letter, dated October 16, 2025, based on over income. The petitioner does not dispute that he exceeded the income eligibility for the program. The petitioner represented that he filed a new application, but the MCBSS had no record of a new application. The petitioner did not dispute the income information.

I **CONCLUDE** that petitioner does not qualify for Medicaid due to the household exceeding the maximum eligibility limit. I further **CONCLUDE** that the respondent appropriately calculated the income level based upon the information that was provided for the household.

ORDER

Based upon the foregoing, the determination of the Board is **AFFIRMED** as to its determination to terminate the petitioner's eligibility in the NJ Medicaid program.

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.

April 17, 2026 _____
DATE



SARAH G. CROWLEY, ALJ

Date Received at Agency: _____

Date Mailed to Parties: _____

SGC/lam/onl

APPENDIX

Witnesses

For petitioner:

N.A.

For respondent:

Betsy Naranjo

Exhibits

For petitioner:

None

For respondent:

R-1 Packet from the Board