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DEPARTMENT OF HUMAN SERVICES
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STEPHEN CHA, MD, MHSR
Acting Commissioner

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Assistant Commissioner

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

G.G.,	:	
PETITIONER,	:	**ADMINISTRATIVE ACTION**
v.	:	**FINAL AGENCY DECISION**
HORIZON,	:	**OAL DKT. No. HMA 10229-25**
RESPONDENT.	:	

As Assistant Commissioner for the Division of Medical Assistance and Health Services (DMAHS), I have reviewed the record in this case, including the Initial Decision and the Office of Administrative Law (OAL) case file. Exceptions were timely filed by the Petitioner. Procedurally, the time period for the Agency Head to render a Final Agency Decision is June 22, 2026, in accordance with an Order of Extension.

This matter concerns the denial of Petitioner's Private Duty Nursing (PDN) services by Horizon. The Petitioner changed managed care organizations (MCO) from Star Pediatric Home Care Agency (Star) to Horizon NJ Health (Horizon) in April of 2025. ID at 2. The Petitioner filed a PDN Extended Authorization Request with Horizon on April 23, 2025. Ibid. Horizon denied this request on April 30, 2025, but agreed to provide PDN

services for a period of two weeks for a training and adjust period. Ibid. The Petitioner filed an internal appeal which was denied on May 28, 2025. Ibid. The Petitioner requested a fair hearing on May 30, 2025. Ibid.

The regulations state that the purpose of PDN services is to provide "individual and continuous nursing care, as different from part-time intermittent care, to beneficiaries who exhibit a severity of illnesses that require complex skilled nursing interventions on a continuous ongoing basis." N.J.A.C. 10:60-5.1(b). To be considered in need of EPSDT/PDN services, "an individual must exhibit a severity of illness that requires complex intervention by licensed nursing personnel." N.J.A.C. 10:60-5.3(b). "Complex means the degree of difficulty and/or intensity of treatment/procedures." N.J.A.C. 10:60-5.3(b)(2). The regulations define "skilled nursing interventions" as "procedures that require the knowledge and experience of licensed nursing personnel, or a trained primary caregiver." N.J.A.C. 10:60-5.3(b)(3). Further, N.J.A.C. 10:60-5.4(b) sets forth the criteria to be met in order to receive PDN services:

> **(b)** Medical necessity for EPSDT/PDN services shall be based upon, but may not be limited to, the following criteria in (b)1 or 2 below:
>
> **1.** A requirement for all of the following medical interventions:
>
> **i.** Dependence on mechanical ventilation;
>
> **ii.** The presence of an active tracheostomy; and
>
> **iii.** The need for deep suctioning; or
>
> **2.** A requirement for any of the following medical interventions:
>
> **i.** The need for around-the-clock nebulizer treatments, with chest physiotherapy;
>
> **ii.** Gastrostomy feeding when complicated by frequent regurgitation and/or aspiration; or
>
> **iii.** A seizure disorder manifested by frequent prolonged seizures, requiring emergency administration of anti-convulsants.

Additionally, the regulation goes on to exclude certain criteria that do not rise to the level of PDN services unless the criteria above is met:

(d) Services that shall not, in and of themselves, constitute a need for PDN services, in the absence of the skilled nursing interventions listed in (b) above, shall include, but shall not be limited to:

1. Patient observation, monitoring, recording or assessment;
2. Occasional suctioning;
3. Gastrostomy feedings, unless complicated as described in (b)1 above; and
4. Seizure disorders controlled with medication and/or seizure disorders manifested by frequent minor seizures not occurring in clusters or associated with status epilepticus.

N.J.A.C. 10:60-5.4(d).

Once medical necessity is established, the following criteria impact the extent of authorized PDN hours:

1. Available primary care provider support;
   i. Determining the level of support should take into account any additional work related or sibling care responsibilities, as well as increased physical or mental demands related to the care of the beneficiary;
2. Additional adult care support within the household; and
3. Alternative sources of nursing care.

N.J.A.C. 10:60-5.4(c).

The Petitioner is six years old and diagnosed with pulmonary hypoplasia; milk and soy protein intolerance; gastroesophageal reflux disease without esophagitis; gastroenteritis; gastroparesis; malnutrition; small bowel intussusception; juvenile idiopathic scoliosis of the thoracolumbar region; feeding difficulties; gross motor delay; fine motor delay; history of omphalocele; autism spectrum disorder; inattention; dysphagia, oropharyngeal; tonsillar hypertrophy; and the need for a gastrostomy (g-tube) due to inadequate oral intake. Id. at 3. The Petitioner's only medical intervention is a g-tube, which the Petitioner requires to obtain necessary nutrients. Ibid. Before the Petitioner changed MCOs, he would receive three g-tube feeds during the day and a continuous g-tube feed at night. Ibid. However, the Petitioner's plan of care changed at

the time of Horizon's April 2025 initial assessment. Ibid. The Petitioner received four g-tube feeds during the day with no overnight feeds, and did not suffer any incidents of reflux or aspiration resulting from the g-tube feedings. Ibid. Additionally, the Petitioner's trained caregiver was able to administer g-tube feeds, flush the g-tube site, and administer medications to the Petitioner through the g-tube. Ibid.

Registered nurse Margaret Borelli (Nurse Borelli) completed a Horizon Private Duty Nursing Eligibility Screening Checklist on April 28, 2025. Id. at 2. Nurse Borelli testified that in completing the PDN Eligibility screen Checklist, she reviewed the April 8, 2025, to June 6, 2025, plan of care issued by a physician to Star Pediatrics, as well as the April 9, 2025, skilled monitoring visit notes generated by Star Pediatrics, and none indicated aspirations or the need for overnight feeds. Ibid. She also testified that she reviewed the April 7, 2025, to April 22, 2025, Star Pediatrics nursing notes, which did not indicate any aspirations or the need for oxygen or nebulizers. Ibid. Nurse Borelli completed her summary report on April 30, 2025 and found that the Petitioner was not eligible for PDN services because he was ambulatory, GI continent, did not need CPAP in "a while," had not needed oxygen since 2023, and received most of his nutrients via a g-tube. Ibid.

David Sorrentino, M.D. (Dr. Sorrentino), Horizon NJ's medical director, also testified at the Fair Hearing. Dr. Sorrentino testified that he had reviewed multiple documents in consideration of the Petitioner's PDN request, including the April 12, 2024, CHOP letter of medical necessity and the April 30, 2025, Cooper letter of medical necessity. Id. at 5. Dr. Sorrentino noted that there was a change in the Petitioner's feeding schedule between April of 2024 and April 2025, explain that in April 2024, the Petitioner was required to receive three bolus feedings during the day through his g-tube for a period of forty minutes each feeding and was required to receive a continuous feed

for eight hours during the night. Ibid. However, the April 30, 2025, Cooper letter of necessity required that the Petitioner receive four bolus feedings during the day through his g-tube for thirty minutes each feeding with no feedings during the overnight hours. Ibid. Dr. Sorrentino also testified that the April 9, 2025 skilled monitoring visit assessment by Star Pediatrics noted that the Petitioner's oral intake was somewhat improved, that his g-tube was well tolerated, that he demonstrated clinical stability, and did not indicate any g-tube issues. Id. at 5-6. He concluded his testimony by noting that while the Petitioner's previous MCO did provide PDN services, there had been a positive progression in the Petitioner's stability, overnight feeds had been discontinued, and the Petitioner's ability to orally consume nutrients had improved. Id. at 6.

During the fair hearing, the Petitioner's mother and caregiver, S.G., also testified. S.G. argued that the Petitioner is always at potential risk of aspiration because of his g-tube feedings. Ibid. She stated that in the past, the Petitioner suffered from vomiting and retching but did not have an episode of either in April of 2025. Ibid. She also testified that the Petitioner has suffered from "severe reflux" in the past but did not suffer from reflux in April 2025. Ibid. She confirmed that the use of oxygen is limited to those times when the Petitioner is sick. Ibid. She denied any improvement with oral feedings and claimed that the Petitioner was in fact receiving overnight feeds at the time of Horizon's PDN assessment. Ibid. S.G. also confirmed that she is able to administer g-tube feedings, flushes, and medications. She also confirmed that she can administer oxygen if the Petitioner is sick. Ibid.

In the Initial Decision, the Administrative Law Judge (ALJ) found that during the time period of Horizon's assessment, the Petitioner did not have any qualifying medical necessities or interventions that would require the need of PDN services. Id. at 8. I agree.

While the Petitioner was dependent upon his g-tube and did experience mild malnutrition, he was not receiving overnight g-tube feeds. Id. at 7. Moreover, both Nurse Borelli and S.G. confirmed that during the period of Horizon's assessment, the Petitioner did not suffer any documented incidents of reflux or aspiration resulting from his g-tube feedings. Ibid. Therefore, the Petitioner's gastrostomy feedings were not complicated by frequent regurgitations or aspirations. Furthermore, the Petitioner did not require skilled nursing interventions for g-tube management because this can be addressed by trained caregivers. Ibid. S.G. is a trained caregiver who is capable of administering g-tube feeds, flushing the g-tube site, administering oxygen if needed, slowing down or ceasing g-tube feeding for a period of time if needed, and administering medications to the Petitioner through the g-tube. Ibid. Gastronomy feedings without complications do not constitute medical necessity. N.J.A.C. 10:60-5.4(d)(3). No evidence was presented that the Petitioner required mechanical ventilation, had an active tracheostomy, needed around-the-clock nebulizer treatments with chest physiotherapy, or had a seizure disorder in April of 2025. Ibid. Even though the Petitioner may have previously suffered from regurgitation or aspirations, there is no evidence to suggest that those prior incidents were "frequent". Ibid. Furthermore, the issue had improved or resolved between the last PDN assessment conducted by the Petitioner's prior MCO and Horizon's April 2025 initial PDN assessment. Ibid. As of April 2025, the Petitioner did not suffer from any known or documented incidents of reflux, regurgitation, or aspiration. That, in conjunction with the elimination of overnight feeds, demonstrates that the Petitioner had progressed and achieved a level of clinical stability that no longer requires PDN services.

In their Exceptions, the Petitioner argues that Horizon failed to properly conduct the onsite twenty-four-hour assessment required by N.J.A.C. 10:60-5.5(a), because Horizon used the provider as the assessor, which is delineated separately under N.J.A.C.

10:60-5.5(f)(2). However, that provision only applies to reassessments for those individuals who are receiving PDN services by their designated MCOs. In this matter, the Petitioner was applying for PDN services with his new MCO, and an initial PDN assessment was being conducted. The Petitioner's initial PDN assessment included a twenty-four-hour onsite assessment by Star Pediatrics, which is the Petitioner's previously contracted PDN service provider.

Thus, based on the record before me and for the reasons set forth herein, I hereby ADOPT the Initial Decision in this matter and find that the denial of Petitioner's request for PDN hours was appropriate.

THEREFORE, it is on this 18th day of JUNE, 2026,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Gregory Woods

Gregory Woods, Assistant Commissioner
Division of Medical Assistance and Health Services