

pursuant to N.J.S.A. 52:14B-10, which requires the Agency Head to adopt, reject, or modify the Initial Decision within 45 days of the agency's receipt.

This case involves a dispute between Petitioner, a 10-year-old, represented by a parent, and Aetna, regarding private duty nursing (PDN) services. Petitioner, who has autism and Crohn's disease, requires continuous nursing care and has been receiving 12 hours per day of PDN services, staffed by registered nurses (RNs) and licensed practical nurses (LPNs).

On November 10, 2025, Aetna issued a partial denial requiring that all services be provided only by an LPN from October 16, 2025, to January 13, 2026, instead of a mix of RNs and LPNs. (R-3.) Petitioner first pursued an internal appeal with Aetna, which was denied. (R-10.) An external review by Maximus also upheld Aetna's decision requiring LPN-only services. (R-18.)

Petitioner requested a fair hearing with DMAHS. ID at 2. Prehearing conferences were held in January and February 2026 to explore settlement and address discovery issues, and Aetna was directed to produce relevant materials. Ibid. Petitioner later filed motions for discovery and for the Administrative Law Judge's (ALJ) recusal. Ibid. Due to a clerical delay, the recusal motion was not immediately received. Ibid. Around the same time, a snowstorm postponed the scheduled hearing. Ibid. Aetna subsequently rescinded its prior denial of RN services, restoring the status quo, and moved to dismiss the appeal as moot. Ibid. In response, Petitioner filed a motion for declaratory relief seeking confirmation that RN services are covered and requesting authorization, payment, and associated fees. Ibid.

Because multiple dispositive motions were pending, the hearing was adjourned, and a briefing schedule was established. Ibid. The record was later closed. Ibid. The ALJ denied the recusal motion, and that decision became final after a renewed request

was filed. Ibid. The remaining issues before the ALJ were the motion to dismiss mootness, the motion for declaratory relief, and the motion to compel discovery, all of which are addressed in the Initial Decision. Ibid.

The ALJ determined that the issue was moot because Aetna withdrew their partial denial, the disputed time period had passed and no actual harm remained. ID at 5. Petitioner had already received the services in question; therefore, any ruling would have no practical effect. Ibid. As a result, the ALJ dismissed the case and declined to address the additional motions. Ibid.

On April 16, 2026, Petitioner filed exceptions to the Initial Decision requesting the Assistant Commissioner to reject the Initial Decision and find that the case is not moot. In exceptions, Petitioner argues that the expiration of the authorized period does not eliminate the right to review whether the original denial was lawful. Petitioner also contends that Aetna's mootness arguments do not resolve the ongoing dispute about removing previously authorized RN services. Additionally, Petitioner emphasizes that their discovery requests were relevant to challenging Aetna's defense and that certain collateral issues, such as a motion for prevailing party status, remain unresolved. Finally, Petitioner requests that the case be remanded for further proceedings or proper consideration of both the merits and outstanding procedural issues.

On April 21, 2026, Mariellen Dugan, Esq., submitted a certification in response to Petitioner's exceptions on behalf of Aetna, attaching a true and accurate copy of her correspondence to the ALJ, dated February 17, 2026, and February 23, 2026, including the notice issued by Aetna to Petitioner and Bayada Home Health Care Inc. regarding the reversal of the denial.

After a comprehensive review of the entire record, including the OAL file, exhibits, the Initial Decision, Petitioner's exceptions, and Aetna's certification in response, I FIND that the Initial Decision is well-reasoned, legally sound, and fully supported by the record.

The ALJ correctly determined that this matter is moot, and that determination is firmly grounded in established legal principles governing administrative adjudication. The record clearly demonstrated that the disputed authorization period had expired and that Petitioner received the services at issue. Moreover, Aetna rescinded its prior denial and restored the status quo ante. As a result, there is no longer an active controversy, nor is there any effective relief that this agency can grant.

Petitioner's request to reject the Initial Decision is not warranted because the ALJ properly applied the law to the facts presented and correctly determined that the matter is moot. Since the authorization period has ended and there is no possible relief, there is no longer an active issue that needs a decision. Because the authorization period has ended, no further review is needed. Even if the denial was found unlawful, no practical remedy is available, rendering continued review unnecessary. Respondent's pre-hearing mootness arguments are sufficient. The removal of previously authorized RN services no longer presents a live dispute, given the passage of time and the absence of ongoing harm that can be remedied. Petitioner's discovery requests, while potentially relevant earlier, do not alter the outcome. Once the matter became moot, further discovery was neither necessary nor appropriate. Petitioner's claim that collateral issues remain is not sufficient to preserve jurisdiction. Such issues do not, in and of themselves, sustain a live controversy when the underlying matter is moot. Finally, Petitioner's request to remand the Initial Decision is not appropriate. As the matter is moot and no effective relief can be granted, further proceedings would not serve a meaningful purpose.

That said, I note that New Jersey's managed care contract includes the following language: "When an adverse determination is reducing, suspending, or terminating an ongoing service, the corresponding notification letter must explain the rationale for the decision in plain language. The explanation must include a detailed description of the changes between the member's previous condition and their current condition that justify the change in authorized hours/units. This information must be included within the notification letter itself; simply citing an assessment is not adequate." See New Jersey Managed Care Contract, Article 4.6.4.D (2025).

Should there be any future reduction to Petitioner's PDN services, Aetna would be required to fully comply with this provision of the contract. Importantly, the denial in question in this case could not be relied upon in complying with this requirement in such a future instance, since it has been rescinded and as such has no force.

Administrative adjudication requires a present, live controversy capable of being resolved through meaningful relief. That standard is not met in this case. The combination of the expiration of the relevant time period, Petitioner's receipt of services, and Aetna's rescission of the challenged action conclusively eliminates any basis for continued adjudication.

Accordingly, dismissal of this matter on mootness grounds was appropriate.

THEREFORE, it is on this 22nd day of MAY 2026,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Gregory Woods

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