

requires the Agency Head to adopt, reject, or modify the Initial Decision within 45 days of the agency's receipt.

This matter concerns Horizon's reduction in Petitioner's Private Duty Nursing (PDN) services. Petitioner had been receiving 12 hours per day of PDN services. Following an assessment conducted by Horizon using the PDN acuity tool ("Tool") on March 15, 2024, and Petitioner was authorized for 8 hours per day, 7 days a week. (R-2.) The issue presented here is whether this reduction complies with Medicaid regulations.

On August 11, 2023, Petitioner was evaluated using the Tool, received a score of 28, and was approved for 12 hours of daily services. ID at 3. A fair hearing request was filed in September 2023; however, the matter was resolved and withdrawn in February 2024, resulted in a grant of 14 hours of services until May 20, 2024. Ibid. A subsequent re-evaluation in May 2024 resulted in a lower score of 24.5, and Petitioner was approved for 8 hours per day. Ibid. Another fair hearing request was filed in or around July 2024. Ibid. While that hearing was pending, another re-evaluation reflected a further reduced score of 21.5; however, the authorized services remained at 8 hours per day. Ibid.

Although the evaluations showed only limited changes, certain clinical differences were noted. (R-5.) In 2023, the record indicated a need for BPAP/CPAP support for more than eight hours daily. Ibid. By 2024, such use was no longer documented, although Petitioner continued to experience bowel and bladder incontinence. Ibid. In 2025, chest physical therapy was noted as necessary every two to four hours, a requirement not reflected in earlier assessments. Ibid.

Petitioner's father, B.A., challenged Horizon's determination to reduce Petitioner's PDN services following the 2024 and 2025 re-evaluations. ID at 3.

During the hearing, Amy Casalnuova, R.N., testified on behalf of Horizon that she conducted the 2024 and 2025 assessments. ID at 6-8. She stated that Petitioner's condition showed improvement, particularly with respect to reduced use of CPAP/BPAP. Ibid. She further testified that medical records and nursing notes supported the lower scores and corresponding authorization of 8 hours per day. Ibid. She explained that many care tasks, including chest therapy, can be performed by trained caregivers. Ibid. She concluded that 8-hour PDN services per day are appropriate. Ibid.

Kelly Bethea, M.D., also testified on behalf of Horizon and confirmed she reviewed the assessments. ID at 8-9. She agreed with Horizon's determination, noting that Petitioner no longer requires intensive interventions like ventilator support or tube feeding, their condition is stable, and they eat normally. Ibid. She further testified that parents can be trained to perform tracheostomy care, suctioning, and chest physiotherapy. Ibid. She concluded that 8 hours per day of PDN services is medically sufficient. Ibid.

B.A. testified on behalf of Petitioner that they require constant, around-the-clock care due to their tracheostomy. ID 9-10. B.A. stated that Petitioner needs frequent suctioning and chest therapy and that a caregiver must always be present due to airway risks. Ibid. B.A. emphasized the need for nursing coverage during school hours, when parents are not available. Ibid. Although B.A. and his wife provide some care, he testified that they are not trained to perform chest physiotherapy. Ibid. B.A. also noted that the family cares for two additional children. Ibid.

The Administrative Law Judge (ALJ) upheld Horizon's determination, finding that Petitioner's father is not employed outside the home and has no other caregiving burdens that would prevent him from assisting. ID at 16. Petitioner's mother is available during nights and weekends. Ibid. Petitioner's primary medical issue is a desmoid tumor, but they have no cognitive or mobility impairments. Ibid. The ALJ determined that the

reduction in service hours was supported by evidence demonstrating that trained caregivers, including the parents, can meet Petitioner's needs, including tracheostomy care. Ibid. The ALJ found that while concerns were raised regarding school hour coverage, B.A. acknowledged his ability to provide care during times when nurses are not present. Ibid. The ALJ concluded that Petitioner's care needs, including chest therapy, do not justify higher nursing hours because they can be managed by trained caregivers at home. Ibid.

Based on my review of the record, I ADOPT the Initial Decision for the following reasons.

The purpose of private duty nursing services is to provide "individual and continuous nursing care", as opposed to "part-time intermittent care". N.J.A.C. 10:60-5.1(b).

The medical necessity for PDN services shall be based upon, but may not be limited to, the following criteria:

1. A requirement for all 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.

[N.J.A.C. 10:60-5.4(b).]

The record demonstrated that Petitioner's condition has improved in certain respects, including decreased reliance on respiratory support such as CPAP/BPAP. While Petitioner continues to require monitoring and care, the evidence establishes that many of their needs, such as suctioning and chest therapy, can be performed by trained caregivers. Although treating providers recommended continuation of 14 hours of PDN services, these recommendations are outweighed by the objective assessments, supporting documentation, and credible testimony presented by Horizon. I further agree with the ALJ that the parents are capable of being trained to perform necessary tasks, including chest physiotherapy, which is not shown to require continuous skilled nursing intervention.

In evaluating the totality of the circumstances, including Petitioner's medical conditions, documented improvement, family support, and applicable Medicaid regulations, I conclude that the reduction to 8 hours per day of PDN services was appropriate and reasonable.

Based on my review of the record and the facts presented, I FIND Horizon's reduction of Petitioner PDN services from 14 hours to 8 hours per day was proper under Medicaid regulations. Accordingly, Petitioner should remain eligible for 8 hours of PDN services per day.

THEREFORE, it is on this 19th day of APRIL 2026,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Gregory Woods

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