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DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

R.H. PETITIONER, v. HORIZON NJ HEALTH, RESPONDENT.	**ADMINISTRATIVE ACTION** **FINAL AGENCY DECISION (CORRECTED)** **OAL DKT. NO. HMA 07159-2024**

As Assistant Commissioner for the Division of Medical Assistance and Health Services, I issued a Final Agency Decision in this matter on May 28, 2026. Counsel for the Respondent brought to my attention the Final Agency Decision contained an error. The Final Agency Decision mistakenly states that neither party filed exceptions to the Initial Decision when Respondent filed exceptions on March 10, 2026. To settle the record, Respondent's exceptions are considered below.

Respondent argues the "ALJ expressly found that Horizon met its burden of proving improvement by a preponderance of the evidence and as a result it is legally inconsistent to restore previously approved hours." I disagree. This argument incorrectly assumes that the ALJ's finding that Horizon met its burden of demonstrating some improvement by a preponderance of the evidence necessarily precludes a finding that a reduction of personal care services was inappropriate at this

time. This conclusion does not follow. The relevant inquiry is not merely whether there was evidence of improvement, but whether the improvement should result in a reduction of PCA services. The ALJ is entitled to weigh the entirety of the record, including evidence of Petitioner's continuing limitations, ongoing need for assistance with activities of daily living, safety concerns and credibility of the assessments relied upon by the parties. In this case, the ALJ determined that Nurse Johnson's testimony was marginally credible. The ALJ notes Nurse Johnson's testimony lacked sufficient facts about any significant changes to Petitioner's condition despite observing him on a quarterly basis. Overall, the ALJ determined that Nurse Johnson's "testimony fell below the baseline to justify reductions of PCA services."

Second, Respondent argues that the ALJ erred as a matter of law by concluding that Horizon failed to explain changes in Petitioner's condition, where the record contains unrebutted testimony and express findings establishing improvement across multiple PCA categories. This argument mischaracterizes both the ALJ's holding and the evidentiary record. The ALJ did not err as a matter of law in concluding that Horizon failed to adequately explain the reduction in Petitioner's PCA services. Rather the ALJ evaluated the evidence presented and found that the stated rationale was not supported by the record. In addition, this argument treats this issue as a pure question of law when it is, at most, a challenge to the ALJ's weighing of evidence. The ALJ is entitled to assess credibility, resolve evidentiary conflicts and determine the weight to be afforded. In fact, the ALJ is charged with making findings of fact and assessing the credibility of witnesses. An agency head may not reject or modify the ALJ's findings or credibility determinations unless, after reviewing the record, it concludes that the findings are arbitrary, capricious, or unreasonable, or are

not supported by sufficient, competent and credible evidence in the record. N.J. Stat. §52:14B-10.

Third, Respondent argues that the ALJ erred by substituting his own judgment for the State approved PCA tool. I disagree. The ALJ did not reject the PCA assessment tool or substitute his personal opinion for an approved methodology in determining Petitioner's needs. Rather, the ALJ considered the findings in the assessment tool together with all testimony, documentary evidence and review of Petitioner's medical records. An ALJ is charged with evaluating the entire evidentiary record and determining the weight to be given to competing evidence. The ALJ as fact finder acts within his or her scope of review to evaluate the reliability, consistency and persuasiveness of the evidence in light of the record as a whole. After seven days of hearings, this Initial Decision reflects a careful review of all evidence presented. The ALJ identified the evidence relied upon, made credibility findings, and explained the basis for the decision. Nothing in the record demonstrates that the ALJ relied upon personal opinions, speculation, or matters outside the evidence. More generally, it is appropriate for the ALJ to consider whether the State mandated PCA tool has been correctly completed and accurately reflects the Petitioner's medical needs.

Fourth, Respondent argues PCA reductions do not require perpetual reliance on prior approvals and the ALJ improperly treated prior PCA approvals as a baseline entitlement. This argument mischaracterizes the ALJ's decision. The ALJ did not treat prior PCA approvals as a continuing entitlement to services as the ALJ recognized the requirement for annual assessments. Instead, the ALJ properly considered Petitioner's medical history as one piece of relevant evidence bearing on Petitioner's functional limitations and care needs. References to prior PCA

assessments provide important context for evaluating whether any material change in the claimant's circumstances had been demonstrated to allow for a reduction of PCA services. As such, this argument that the ALJ treated prior PCA approvals as a baseline entitlement lacks support in the text of the decision and seems contrary to the ALJ's analysis of whether PCA were justified and, if so, the extent to which these services were warranted based on the standard set forth in N.T.

> The N.T. approach does not treat successive evaluations as a "tabula rosa" but rather one which requires, where a restriction is made, consideration and explanation of the beneficiary's condition has changed from one evaluation to the next. Proverbially, it is a building-block system, based on logic, where proposed reductions are considered mathematically; they permissibly occur with subtraction from the previously annotated condition based on lessened need or increased ability.

Fifth, Respondent argues limited assistance does not support maximum or near maximum PCA minutes. A determination that an individual requires only limited assistance with certain activities of daily living does not necessarily establish that the individual's overall need for personal care services is minimal. Personal care service assessments are based on the totality of the beneficiary's functional limitations, medical conditions, safety risks, unpredictability of symptoms and the cumulative time necessary to complete essential tasks.

Here, two of the cases cited are distinguishable from the present matter. Unlike the present matter, in L.E. v. Wellpoint, OAL DKT No. 16334-24, Final Agency Decision (DMAHS July 22, 2025), the ALJ determined that Nurse Kilroy's testimony was credible, informed and straightforward in explaining why a reduction of PCA services was appropriate. In the present matter, the ALJ determined that Nurse Johnson's testimony was marginally credible, limited in description and "fell below the baseline necessary to justify reduction in PCA services." This finding was well with

the scope of the ALJ's authority. N.J. Stat. §52:14B-10. Second, in M.M. v. United Healthcare, OAL DKT No. HMA 12596-18, Final Agency Decision (DMAHS Dec. 3, 2018), DMAHS did adjust some the areas the ALJ expanded without record evidence. However, M.M. did not limit the scope of the ALJ's review or hold that an adjustment of PCA hours was prohibited.

Finally, Respondent's argument in Point six that the ALJ relied on speculative or undocumented needs in contravention of final agency standards, and in Point seven that Horizon met its burden to reduce PCA services, are fully addressed in Points one through four above. Based on a thorough review of the exceptions presented, the record does not support any change to the substance of this case.

THEREFORE, it is on this 21st day of JUNE 2026,

ORDERED:

That the Final Agency Decision is amended to reflect that Respondent filed exceptions to the Initial Decision.

Gregory Woods

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