MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
Division of Medical Assistance and Health Services
P.O. Box 712
Trenton, NJ 08625

STEPHEN CHA, MD, MHSR
Commissioner

GREGORY WOODS
Assistant Commissioner

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

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

As Assistant Commissioner for the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision and the Office of Administrative Law (OAL) case file. No exceptions were filed in this matter. Procedurally, the time period for the Agency Head to render a Final Agency Decision is June 1, 2026, in accordance with an Order of Extension.

This matter arises from Horizon NJ Health's (Horizon) reduction of Petitioner's Personal Care Assistance (PCA) hours after an assessment was performed. ID at 1. Petitioner appealed the reduction of PCA hours, and the matter was transmitted to the Office of Administrative Law (OAL) for a hearing.

PCA services are non-emergency, health related tasks to help individuals with activities of daily living (ADLs) and with household duties essential to the individual's

health and comfort, such as bathing, dressing, and ambulation. The decision regarding the appropriate number of hours is based on the tasks necessary to meet the specific needs of the individual and the hours necessary to complete those tasks. The regulations provide that PCA services are only warranted when the beneficiaries are "in need of moderate, or greater, hands-on assistance in at least one activity of daily living (ADL), or minimal assistance or greater in three different ADLs, one of which must require hands-on assistance." N.J.A.C. 10:60-3.1(c). Additionally, instrumental activities of daily living (IADL) "such as meal preparation, laundry, housekeeping/cleaning, shopping, or other non-hands-on personal care tasks shall not be permitted as a stand-alone PCA service." N.J.A.C. 10:60-3.1(c)(1). The assessments use the State-approved PCA Nursing Assessment Tool (PCA Tool) to calculate the hours.

On February 21, 2024, Carolyn Johnson (Nurse Johnson), a registered nurse, performed a reassessment of Petitioner to determine the hours of PCA services needed. R-2. Petitioner, thirty-six years of age was diagnosed with traumatic brain injury (TBI) with multiple skull and facial fractures, multiple brain contusions, right femoral neck fracture, near enucleation of the left eye, a left orbital blowout fracture, hemorrhagic shock, injury to bowels, colon, rectum which required colostomy surgery, a gunshot wound to the pelvis, a left radial head fracture/dislocation in the lower part of the arm, a sacral fracture, acute kidney injury and deep venous thrombosis. P-10. Previously, Petitioner had been approved for forty hours per week of PCA services. P-6. After being reassessed, on April 10, 2026, Horizon notified Petitioner of its decision to reduce his PCA hours to twenty-one hours per week. R-1. Horizon explained the reason for the reduction as follows:

> The request for 40 hours per week of personal care assistance (PCA) is denied. Personal care assistance is for people who cannot walk, bathe, eat, dress, go to

> the bathroom or get out of bed without someone physically helping them. A face-to-face assessment was completed. You were evaluated. I reviewed the information from that assessment. You are able to walk with hands on help. You need hands-on help with bathing and dressing. You need help with cooking. Based on this information you will be approved for 21 hours per week of PCA services. This decision is based on Horizon NJ Health Policy 31C.270 Personal Care Assistant Services. Ibid.

Petitioner filed an internal appeal and by letter dated May 9, 2024, Horizon reaffirmed its decision to reduce Petitioner's PCA services from forty hours to twenty-one hours per week. R-3. Horizon issued its May 9, 2024, decision as follows:

> The request for 40 hours per week of Personal Preference Program (PPP) services was reviewed again. More information was sent. It is still denied. Personal care assistance is for people who need help (i.e. cannot walk, bathe, eat, dress, go to the bathroom or get out of bed without someone physically helping them). You had an assessment by a nurse. You do not need help with positioning. You do not need help with transfers. You need help with feeding. You need help with walking. You need help with bathing and hygiene. You need help with dressing. You need help with toileting. The assessment shows you need 21 hours a week. You are approved for 21 hours per week. Ibid.

A Fair Hearing was requested, and a hearing took place over multiple days including December 17, 2024, December 19, 2024, January 6, 2025, February 13, 2025, February 14, 2025, February 24, 2025, and March 4, 2025. ID at 2.

At the hearing, Nurse Johnson testified for Horizon regarding the assessment she conducted using the PCA Tool. ID at 5. Nurse Johnson went to Petitioner's home to conduct the 2024 PCA assessment. Ibid. Both Petitioner and his mother, C.C., were present for the assessment. Ibid. Nurse Johnson testified that she used the PCA tool to determine the level of PCA services warranted. Ibid. Nurse Johnson also testified that to prepare for the assessment, she spoke with Petitioner's prior case manager, reviewed

Petitioner's 2022 PCA assessment and "read through Petitioner's available medical history." Ibid. Nurse Johnson explained that normally she would review notes and records in advance of the assessment, but none were available. Ibid. Nurse Johnson's conclusions regarding Petitioner's PCA needs were drawn based upon observations made in 2023 when she first met Petitioner, observations during the February 2024 assessment and answers she received from Petitioner and his mother. Ibid. Nurse Johnson also testified that based on her observations and answers received she believed Petitioner's independence had improved since his last assessment. Ibid. More specifically, Nurse Johnson notes improvements in ambulation wherein Petitioner did not need weight bearing support and only needed supervision and minimal assistance, Petitioner was no longer incontinent of bowel and bladder, had the ability to go up and down the stairs, brush his teeth, wash the upper half of his body, toilet, dress himself and bring food to his own mouth. Ibid. As for Petitioner's IADLs, Nurse Johnson reduced the amount for weekly linen changes because Petitioner was no longer incontinent. Ibid. Nurse Johnson had included information that Petitioner had a washer and dryer and later realized it was an error. ID at 5, 6.

Maxine Facey-Cannon, M.D. (Dr. Facey-Cannon), Horizon's Medical Director also testified. ID at 6. Dr. Facey-Cannon testified that in preparation for the hearing she reviewed Horizon's PCA policy, Petitioner's 2020, 2022 and 2024 PCA assessments, the April 17, 2024, letter prepared by Petitioner's treating neurologist, Dr. Neelima Vudarla, and Petitioner's medical records. Ibid. Dr. Facey-Cannon testified that the information provided and reviewed was sufficient for her to draw a conclusion. Ibid. Dr. Facey-Cannon explained that her review was "narrow" and that Horizon's policy relating to PCA assessments limited her to examination of the PCA tool. Ibid. Dr. Facey-Cannon's testimony regarding any changes in Petitioner's medical condition was centered around

Petitioner's incontinence wherein she pointed out that Dr. Ware, Petitioner's physician notes "no urinary urgency" which meant that there was no physical examination or lab work to show urinary incontinence. ID at 7. Dr. Facey-Cannon also testified that in addition to her clinical judgment, consideration should also be given to the patient's clinical history and that the RN "should utilize the information Horizon requires the PCA agency to maintain." Ibid. Lastly, Dr. Facey-Cannon's perception of Petitioner's improvement was tied to the PCA score where it warranted a fifty percent reduction of PCA services. Ibid.

James A. Ware, Jr., M.D. (Dr. Ware) testified on behalf of Petitioner. ID at 8. Dr. Ware became Petitioner's treating neurologist in 2023, but Petitioner had been treating in prior years with one of his associate physicians. Ibid. Dr. Ware provided testimony based on Petitioner's September 2024 examination and evaluation and sees Petitioner every three to four months. ID at 8, 9. After considering Petitioner's prior history, current history and electroencephalogram (EEG) test, Dr. Ware opined that Petitioner suffers from "severe cognitive deficit" and as a result has issues with memory, comprehension and impulsiveness. ID at 9. Dr. Ware provided an example with eating wherein Petitioner may have difficulty recognizing foods, eating too quickly, pocketing food or freezing when eating. Ibid. Dr. Ware explained that because of Petitioner's impaired cognition, "each eating episode is a choking or other safety issue," which is why Petitioner should be allotted thirty to forty minutes per episode for eating rather than the ten minutes designated as appropriate. Ibid. Dr. Ware testified that he was "shocked" that Petitioner scored a 23 out of 30 on his last Mini-Mental Status Examination which measures cognition by testing orientation, recall, attention, language, and registration. Ibid. While Dr. Ware testified that Petitioner should receive forty hours of PCA services, he did concede that in certain sections like transferring and bathing limited assistance is

possible. Ibid. Dr. Ware also confirmed that there was no documentation relating to incontinence, but that Petitioner could still have issues because of his inability to use his left hand. Ibid. Dr. Ware further testified that toileting involving a bowel movement could be a problem because of the contracture of Petitioner's left hand, left upper-extremity paralysis and left-side hemiparesis. Ibid. Dr. Ware explained that Petitioner may not be able to clean himself since he cannot lift the right side of his body and place weight on his left side at the same time. ID at 9, 10. As to transferring, Dr. Ware testified that although limited assistance may be suitable at times, Petitioner is still a fall risk and cannot utilize his left hand to steady himself when required. ID at 10. Dr. Ware also testified that weight bearing support may or may not be required with ambulation but is necessary for Petitioner to transfer from a chair to the bed or chair to the tub. Ibid. Dr. Ware explained that because of Petitioner's cognitive issues bathing could be very time-consuming. Ibid. Dr. Ware also explained that because of Petitioner's mental acuity, impulsivity and impaired vision Petitioner could miss washing body parts and that balance issues should be considered due to Petitioner's physiologic limitations. Ibid. Dr. Ware further explained that balance issues, cognitive deficits and left arm paralysis are all relevant to Petitioner's need for assistance with dressing. Ibid. Dr. Ware did agree with Nurse Johnson that with dressing limited assistance is required but disagreed with Nurse Johnson's assessment that twenty minutes per day was appropriate. Ibid. Dr. Ware explained that due to Petitioner's cognitive capability and difficulties with balancing, Petitioner would need assistance getting dressed and that Petitioner should be allocated twenty to forty minutes per dressing episode rather than twenty minutes total for the day. Ibid.

C.C., Petitioner's mother also testified. ID at 11. C.C. disagrees with Nurse Johnson's assessment of Petitioner as needing "limited assistance." Ibid. C.C. described what was involved in bathing and cleaning Petitioner's left eye socket. Ibid. C.C. did

admit that Petitioner was able to wash his upper body, but she had to wash him from the waist down and also had to wash his underarms. Ibid. As for cleaning Petitioner's left eye socket, C.C. explained that she had to put on gloves, "apply ointment, flush out the cavity, clean the bare socket with gauze and a sterile solution, coat the area with antibacterial ointment and then clean the other eye." Ibid. C.C. also explained that Petitioner frequently soils himself with both urine and feces and that Petitioner needs to be changed six to seven times per day. ID at 11, 12. C.C. further explained that she does not use adult diapers because she wants him to return to how he used to be and does not want to set him back. ID at 11. C.C. explained that when Nurse Johnson arrived for the assessment Petitioner was already downstairs. ID at 12. C.C. also explained that there is a chairlift to assist Petitioner with going up and down the stairs and that when Nurse Johnson asked Petitioner to raise his left hand he could not. Ibid.

In the Initial Decision, the Administrative Law Judge (ALJ) found Drs. Facey-Cannon and Ware "unquestionably credible." ID at 13. As for Nurse Johnson's testimony, the ALJ found that her testimony lacked sufficient detail and facts about any significant changes to Petitioner's condition from his prior assessment, that her testimony was limited in description despite observing Petitioner on a quarterly basis, and that her "testimony fell below the baseline necessary to justify reductions in PCA services" especially since the reduction sought is almost half of the prior assessed PCA services. Ibid. Overall, the ALJ determined that Nurse Johnson's testimony was marginally credible. ID at 15. The ALJ found C.C's testimony to be moderately credible for certain portions of her testimony and found other parts not credible. ID at 15. For example, the ALJ determined that C.C.'s testimony that she had informed Dr. Ware of Petitioner's incontinence was not credible since the information did not appear in any of the medical records before 2025. Ibid.

In making the determination as to whether the February 21, 2024, PCA assessment was correct, the ALJ reviewed the facts related to Petitioner's medical condition and compared the time allocated in the 2022 assessment against the Nurse Johnson's scoring in those same categories. ID at 15-19, 34. As to the facts, the ALJ found the following: 1) Petitioner is unable to bathe himself and bathing Petitioner involves a time consuming process, 2) Petitioner is not completely incontinent Petitioner has difficulty with his toileting and it is probable that he soils his clothing, 3) Petitioner passes urine at least three times per day and has between two to three bowel movements per day which would require upwards of twenty minutes for cleaning and clothes changing, 4) dressing and hygiene are problematic for Petitioner because of his physical and mental limitations, 5) Petitioner can feed himself but is at significant risk of choking requiring supervision, 6) Petitioner's cognition has improved and 7) based on the testimony and evidence provided by Horizon as sufficient to show a change in Petitioner's condition. ID 15-19. The ALJ also notes five areas where there has been a change in Petitioner's condition that could support a reduction which includes, Petitioner's cognition improved and is in the mild to moderate range, Petitioner receives a greater number of prepared meals, Petitioner has had no current seizure activity, Petitioner is not completely incontinent and Petitioner needs limited assistance when walking on flat surfaces. ID at 27, 28. Despite these notable changes, the ALJ concludes that a reduction of ambulation from 210 to 105 was not supported by the evidence and Petitioner should receive a score of 157.5 minutes per week. ID at 28. As for transferring, and with "minimal proofs" Nurse Johnson reduced Petitioner's PCA from 210 to 0 claiming that Petitioner did not require any assistance with transferring. ID at 29. The ALJ concludes that because of limited proofs and absence of contrary evidence, Horizon failed to demonstrate that transferring required no assistance and failed to provide information about what the minutes would be

with only limited assistance. Ibid. As for bathing, the ALJ concludes that Horizon failed to demonstrate a sufficient change to reduce the PCA hours from 210 to 105 because Petitioner has challenges washing his upper torso and cleaning his left eye socket. ID at 30. Next, the ALJ took issue with Nurse Johnson's decision to reduce Petitioner's score to 0 for positioning. ID at 30. The ALJ concludes that a change in Petitioner's score in the area of positioning is incorrect and that Horizon has failed to meet its burden to demonstrate a change in this area which should remain at 105 minutes per day. ID at 30, 31. In the area of toileting, the ALJ concludes that no reason was presented to deviate from the 75 minutes allocated per day and that Nurse Johnson's score of 20 minutes per day was "arbitrary at best." ID at 31. As for dressing the ALJ concluded that Petitioner's hours should be 210 minutes per week rather than the 140 determined by Nurse Johnson because of Petitioner's balance issues, cognitive deficits, left arm paralysis and because Horizon has failed to provide evidence to demonstrate a change in Petitioner condition or abilities. ID at 32. The ALJ also concludes that Petitioner should continue to receive 10 minutes per day for linen changes because of his ongoing problems and that because both the 2022 and 2024 PCA assessment incorrectly note that Petitioner had a washer and dryer in the home the 45 minutes allocated under this section should be increased forty-five minutes per week to 75 minutes per week. ID at 33. Overall, the ALJ determined that Petitioner's PCA services should remain at forty hours per week. ID at 34.

I agree with the ALJ's determination that a reduction of Petitioner's PCA hours was inappropriate as the record does not support a reduction of PCA services from forty hours to twenty-one hours. Nurse Johnson failed to consider Petitioner's medical condition in totality because she did not review Petitioner's entire medical record which included a review of notes and records prior to the assessment claiming they were not available. ID at 5. In the Nursing Summary, Nurse Johnson describes a change in Petitioner's medical

condition as Petitioner's "independence has increased" since [the] previous assessment on 3/28/22." R-2. This vague description describing how Petitioner's medical condition has changed falls short of the required standard established in N.T. v. Horizon, 2025 N.J. AGEN LEXIS 812 (Apr.15, 2025), wherein evidence and/or testimony must be presented that specifically addresses the change in Petitioner's condition to warrant the specified change. Likewise, the evidence shows that Dr. Facey-Cannon focused primarily on Petitioner's incontinence and total PCA score rather than considering all relevant areas within the assessment. ID at 7. By contrast, Dr. Ware provided specifics regarding Petitioner's current medical condition and explained why Petitioner should continue with forty hours of PCA services based on his current medical condition. ID at 8-11. For example, Dr. Ware explained that 1) Petitioner's cognition remains deficient, 2) Petitioner remains at risk of choking while eating, 3) although not incontinent Petitioner has ongoing issues with toileting because of Petitioner's left hand, left upper paralysis and left-side hemiparesis, 4) bathing is time consuming and there remain issues with balance and physiologic limitations, 5) although transferring may require limited assistance, Petitioner is still a fall risk and is unable to use his left hand, and 6) Petitioner needs physical assistance with dressing because of balance issues, cognitive deficits and left arm paralysis. ID at 9-10. As such, based on a review of the evidence, Petitioner's PCA hours should be maintained at forty hours per week.

Accordingly, for the reasons set forth above, I hereby ADOPT the Initial Decision and FIND that Horizon's reduction of PCA hours to twenty-one hours per week is not supported by the evidence.

THEREFORE, it is on this 28th day of MAY 2026,

ORDERED:

That the Initial Decision is hereby ADOPTED as set forth herein.

Gregory Woods

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