



needs of the individual and the hours necessary to complete those tasks. The regulations provide that PCA services are only warranted when the beneficiaries is “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 December 12, 2024, Tiffany Nelson (Ms. Nelson), a Registered Nurse, performed a PCA assessment of Petitioner to determine the hours of care needed. R-1. Petitioner, sixteen at the time of the assessment suffers from congenital talipes equinovarus, abnormal levels of other serum enzymes, congenital anomaly of finger, club foot, right supracondylar humerus fracture, seizure disorder, decreased range of motion of ankle, polymicrogyria with seizures, bilateral perisylvian polymicrogyria, focal epilepsy, Foix-Chavany-Marie-syndrome, calcaneovalgus deformity of left foot, T-cell immunodeficiency, congenital alopecia and nail dystrophy syndrome, contracture of tendon sheath, ketogenic diet, receptive expressive language disorder, articulation disorder, dietary counseling and surveillance, developmental delay, depression, cognitive developmental delay and localization-related focal epilepsy with complex partial seizures. See Exhibit N.<sup>1</sup> Upon completion of the assessment, Petitioner received a total score of 10.5.<sup>2</sup> R-2. On December 27, 2024, Horizon notified Petitioner that it was reducing the PCA hours from thirteen hours per week to eleven hours per week. Ibid. Petitioner sought

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<sup>1</sup> Exhibit N represents the documents Petitioner provided as discovery. ID at 5.

<sup>2</sup> Petitioner's total PCA score was rounded up from 10.5 to 11. R-2

an internal review and on February 6, 2025, Horizon confirmed its determination to approve only eleven hours of PCA services. ID at 2. Thereafter, Petitioner requested a Fair Hearing which was held on July 10, 2025. Ibid.

At the OAL hearing, Ms. Nelson testified for Horizon regarding the PCA assessment performed. ID at 2. The PCA assessment was performed using the State approved PCA Tool. ID at 8. The PCA Tool measures the following ADLs: cognition, ambulation, transferring, bathing, feeding, positioning, toileting, personal hygiene, and dressing. (R-1). Ms. Nelson described Petitioner's mobility as modified mobility and Petitioner's limitations as poor balance, risk of injury due to seizures and need for supervision. ID at 2. Ms. Nelson assessed Petitioner's short-term memory by asking her to repeat the three stated words presented. Ibid. Petitioner passed this test. Ibid. To test Petitioner's decision-making process, Ms. Nelson asked Petitioner what steps she would take if there was a fire in the home. Ibid. Ms. Nelson testified that Petitioner responded correctly by stating "she would leave the home" which was a correct response. Ibid. Petitioner was assessed for Activities of Daily Living (ADLs) and Ms. Nelson determined that Petitioner needed limited assistance going up and down the stairs. ID at 3. Ms. Nelson further testified that Petitioner had no limitation transferring, needed limited assistance washing her hair, did not need assistance with feeding, eating, positioning or toileting needs and did need limited assistance with hygiene, buttons, zippers and tying shoes. ID at 3, 4. Finally, Ms. Nelson testified that Petitioner should be allotted the maximum allowable time for breakfast, lunch and dinner because of the extensive measuring and chopping required to prepare Petitioner's meals. ID at 4.

Petitioner's mother, G.A., testified on her behalf. ID at 5. G.A. testified that she believed certain sections addressed in Ms. Nelson's assessment were incomplete. Ibid. More specifically, G.A. testified that paragraph nineteen did not accurately reflect

Petitioner's entire medical condition. Ibid. G.A. also testified that paragraph twenty-one did not list all of the factors that affect Petitioner's deficits such as the fact that Petitioner's seizures exhaust her and cause brain fog. Ibid. G.A. further testified that she contests Ms. Nelson's finding of no impairment relevant to paragraphs twenty-four and twenty-five which reference Petitioner's decision-making ability. Ibid. G.A. testified that Petitioner needs prompting and forgets what she is doing so everything needs to be planned for Petitioner. Ibid. G.A. challenges Ms. Nelson's designation of ten minutes for bathing because Petitioner has epilepsy and requires constant supervision. ID at 6. Lastly G.A. testified that the hours allocated for meal preparation are not sufficient because Petitioner's food has to be "precisely cut and measured" as prescribed to help manage Petitioner's seizures and that Petitioner's medical condition has not changed. ID at 5, 6.

The Administrative Law Judge (ALJ) determined that prior to the December 12, 2024, evaluation Petitioner received thirteen hours of PCA services. ID at 9. The ALJ also determined that although Petitioner's provider had changed, her diagnosis had not. Ibid. The ALJ further determined that Ms. Nelson was aware that Petitioner had been receiving thirteen PCA hours and that it was "her responsibility to describe or analyze any change" in Petitioner's condition to warrant a reduction of PCA hours. Ibid. Finally, the ALJ concluded that Horizon has failed to meet its burden by a preponderance of the evidence that Petitioner's PCA hours should be reduced. Ibid. I agree with the ALJ's determination that Horizon's reduction of Petitioner's PCA hours was not warranted. Ibid. Here, it appears that Horizon's assessment is incomplete and inconsistent because it fails to list the entirety of Petitioner medical condition as set forth by CHOP. See Exhibit N. As a result, Horizon did not consider all of Petitioner's diagnoses which may have resulted in Petitioner's PCA hours being maintained at thirteen if the assessment were accurate to include Petitioner's entire medical record.

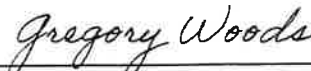
As a general matter, DMAHS acknowledges that when a member transfers from one MCO to another, it may not always be possible for the receiving MCO to provide as full an accounting of how the member's condition has changed as they would have been able to provide had the receiving MCO conducted the previous assessment itself. However, in such instances, the receiving MCO should work with the member (and care manager if applicable) to answer this question to the greatest extent possible. We reiterate that, whether or not it is possible to fully identify changes from a previous assessment conducted by a different MCO, in all cases the receiving MCO must provide a detailed, plain-language explanation of how they arrived at their current determination.

Based upon my review of the record and for the reasons set forth herein, I hereby ADOPT the Initial Decision in this matter as detailed herein.

THEREFORE, it is on this 23rd day of OCTOBER 2025,

ORDERED:

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

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