



State of New Jersey
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 Assistant Commissioner

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

D.P.	:	
	:	
PETITIONER,	:	ADMINISTRATIVE ACTION
	:	
v.	:	ORDER OF REMAND
	:	
HORIZON NJ HEALTH,	:	OAL DKT. NO. HMA 11014-2025
	:	
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 April 6, 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 OAL for a hearing which was held on December 18, 2025. Ibid.

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 May 1, 2025, Gillian Ronas (Nurse Ronas), a Registered Nurse, performed a PCA reassessment of Petitioner to determine the hours of care needed. R-3. Petitioner suffers from coronary artery disease, status post stent placement x 2, type 2 diabetes with diabetic neuropathy and gait dysfunction, severe osteoarthritis, peripheral arterial disease, non-Hodgkins’s lymphomas, hyperlipidemia, benign prostatic hypertrophy, hypertension and gout. R-5. Petitioner has also suffered head trauma with concussion and subsequent memory loss with an abnormal Mini-Mental status exam. Ibid.

According to the May 1, 2025, Nursing Summary notes, Nurse Ronas documented that after Petitioner was hospitalized for cardiac catheterization with stent placements and managing treatment for lymphoma and diabetes, he became weak and fatigued throughout the day. R-3. Nurse Ronas also notes that Petitioner refuses to use a rolator to cane for support, is no longer “physically able to do any tasks independently” and “now needs more hands-on assistance with ambulation, transfers, bathing, toileting, hygiene and dressing. Ibid. In addition, Nurse Ronas notes that Petitioner has requested 40 PCA

hours and it is recommended that Petitioner's case be sent for MD review since Petitioner's request could not be met after the assessment was performed using the PCA tool which resulted in an allocation of 24.08 hours. Ibid.

During the OAL hearing, Nurse Ronas testified for Horizon and M.P. testified on behalf of Petitioner.¹ ID at 2. Nurse Ronas testified that the PCA assessment was performed using the State approved PCA Tool. Ibid. Nurse Ronas also testified that Petitioner qualified for PCA services under the categories of ambulation, bathing, toileting, and dressing because he required limited assistance in all four categories. R-4, R-5. M.P. testified that Petitioner needs more care than what is being provided and that the 40 PCA hours previously authorized had not been provided. ID at 5. M.P. confirmed that she did not question Nurse Ronas about the assessment and only discussed the mailing address and receiving documents from the agency. Ibid. Lastly, M.P. did not provide any specific testimony or documentation to dispute the number of hours Nurse Ronas believed were appropriate. Ibid.

Included in the evidence provided by Respondent was a letter from Petitioner's primary care physician Hidalberto Curnow, DO (Dr. Curnow). R-5. The letter explains that based on Petitioner's medical condition as set forth above he should be entitled to extensive home care assistance. Ibid.

In the Initial Decision, the Administrative Law Judge (ALJ) determined that there is no dispute that Petitioner qualifies for PCA services since he requires limited assistance in three or more ADLs. ID at 9. The ALJ also determined that the testimony provided by Nurse Ronas was credible and that Nurse Ronas' testimony was not disputed by any

¹ It is unclear from the record whether M.P. is Petitioner's current spouse. The Initial Decision identifies M.P. as Petitioner's spouse, and the nursing summary notes refer to M.P. as Petitioner's ex-wife. ID at 5, R-1.

other documentation or testimony that the allocation of 24.08 hours of PCA services was appropriate. ID at 5. The ALJ further notes that the one paragraph letter from Dr. Curnow suggesting 40 PCA hours “provided no backup for this conclusion or any supporting documentation or testimony.” R-5. Finally, the ALJ concluded that pursuant to 10:60-3.1, Petitioner qualifies for 24, but not the 40 PCA hours requested since he needs moderate or greater hands-on assistance with at least one ADL. ID at 9.

I disagree with the findings in the Initial Decision at this time, as the record needs to be further developed. In particular, the ALJ should clarify whether the appeal is of a reduction in previously approved PCA hours or a denial of the Petitioner’s new request for 40 PCA hours. While the Initial Decision describes this as a reduction, no documentary evidence has been provided from Horizon regarding this issue. The three assessments provided by Horizon dated December 6, 2022, January 15, 2025, and May 1, 2025, do not show that Petitioner had previously qualified for 40 PCA hours. R-1, R-2, R-3. More specifically, the December 6, 2022, assessment resulted in 0 PCA hours, the January 15, 2025, assessment shows Petitioner was approved for 16 PCA hours and the May 1, 2025, assessment notes that Petitioner requested 40 PCA hours, but was approved for 24.08 hours. Ibid. If this matter involves a reduction of PCA hours as stated in the Initial Decision, Horizon should discuss in detail the changes or improvements that occurred to the member’s condition allow for such a deduction. ID at 1. On the other hand, if the issue does not involve a reduction, Petitioner bears the burden of showing that the hours allocated are insufficient for all needed services to be performed within the allotted timeframe.

Accordingly, for the reasons set forth above, I hereby REVERSE the Initial Decision and REMAND the matter to further develop the record in accordance with the above requests.

THEREFORE, it is on this 30th day of MARCH 2026,

ORDERED:

That the Initial Decision is hereby REVERSED AND REMANDED as set forth herein.

Gregory Woods

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