

State of New Hersen

DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES P.O. Box 712

CHRIS CHRISTIE Governor

Trenton, NJ 08625-0712

ELIZABETH CONNOLLY Acting Commissioner

VALERIE HARR

Director

KIM GUADAGNO Lt. Governor

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

C.P.,

PETITIONER.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

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OAL DKT. NO. HMA 04274-15

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

SOUTHERN REGIONAL COMMUNITY

CHOICE OPTIONS OFFICE,

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence and the contents of the OAL case file. No exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to render a Final Agency Decision is September 28, 2015 in accordance with N.J.S.A. 52:14B-10, which requires an Agency Head to adopt, reject, or modify the Initial Decision within 45 days of the agency's receipt. The Initial Decision was received on August 12, 2015.

Based upon my review of the record and for the reasons which follow, I hereby ADOPT the recommended decision of the Administrative Law Judge in its entirety and incorporate the same herein by reference. The credible evidence in this record indicates that Petitioner does not satisfy the clinical eligibility criteria necessary to qualify for the Managed Long Term Services and Supports (MLTSS) waiver program. The MLTSS program provides comprehensive services and supports to help eligible beneficiaries remain living in the community rather than in a nursing facility.

In order for an applicant to qualify for MLTSS, he or she must be in need of nursing home level of care. Eligibility for nursing facility services is determined by the professional staff designated by the Department based on a comprehensive needs assessment that demonstrates that the beneficiary requires nursing home level of care. N.J.A.C. 8:85-2.1. In this case, the designated party is the Division of Aging Services' Office of Community Choice Options. One of its registered nurses assessed the Petitioner in her home and determined that she is independent in the activities of daily living and therefore does not meet nursing facility level of care as required by N.J.A.C. 8:85-2.1. Petitioner presented no evidence to contradict this determination.

I suggest that Petitioner contact the Salem County Office on Aging at (856) 778-7560 for information about programs and services available to her. Additionally, Petitioner may request a reassessment should her condition change.

THEREFORE, it is on this \ day of September 2015, ORDERED:

That the Initial Decision affirming the denial of Petitioner's continued clinical eligibility for waiver services is hereby ADOPTED.

Valerie J. Harr, Director

Division of Medical Assistance

and Health Services