



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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CHRIS CHRISTIE
Governor

ELIZABETH CONNOLLY
Acting Commissioner

KIM GUADAGNO
Lt. Governor

VALERIE HARR
Director

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

J.B.,

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE :
AND HEALTH SERVICES AND :
NORTHERN REGIONAL COMMUNITY :
CHOICE OPTIONS OFFICE, :
RESPONDENTS. :

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 13035-15

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 December 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 November 10, 2015.

Based upon my review of the record, 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 (OCCO). ~~First, Petitioner's Managed Care Organization, United Healthcare~~ undertook an assessment, which determined that she does not satisfy the clinical eligibility requirements for MLTSS because she does not need nursing home level of care. Thereafter, an OCCO nurse assessed the Petitioner in her home and determined that she is essentially 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. See R1 in evidence. Petitioner presented no evidence to contradict this determination.

As noted in the Assessment report, Petitioner was provided other insurance options, including the Pharmaceutical Assistance to the Aged and

Disabled (PAAD) program and the Health Insurance Marketplace. Additionally, Petitioner may request a reassessment should her condition change.

THEREFORE, it is on this 9th day of December 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