



**State of New Jersey**

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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*Governor*

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KIM GUADAGNO  
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VALERIE HARR  
*Director*

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

M.B.,

PETITIONER, : **ADMINISTRATIVE ACTION**

v.

: **FINAL AGENCY DECISION**

UNITED HEALTHCARE,

: **OAL DKT. NO. HMA 01526-15**

RESPONDENT.

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, the contents of the OAL case file and Petitioner's exceptions to the Initial Decision. Procedurally, the time period for the Agency Head to render a Final Agency Decision is May 26, 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 April 9, 2015.

Based upon my review of the record, I hereby MODIFY the Initial Decision modifying Respondent's reduction of Petitioner's Personal Care Assistant ("PCA") services from 36 to 21 hours per week and instead ordering the provision of 31 hours per week. For the reasons which follow, I find that a reassessment should be performed.

PCA services are non-emergency, health related tasks to help individuals with activities of daily living and with household duties essential to the individual's health and comfort, such as bathing, dressing, meal preparation and light housekeeping. 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.

On August 1, 2014, M.B.'s HMO, United Healthcare, conducted a scheduled assessment. Using the PCA assessment tool, the HMO nurse considered ten categories of activities of daily living (ADLS) and assigned numerical scores based on M.B.'s need for assistance and determined that the needed services can be provided within 13 hours per week. However, after a review by United Healthcare's Medical Director, M.B. was approved for 21 hours per week.

Like the ALJ, I am not persuaded that United Healthcare improperly used a 25 hour per week assessment tool. Although the tool contains a maximum score of 25, United Healthcare permits additional hours (up to 40) if, in the assessor's judgment and discretion, the 25-point tool does not accurately reflect the need for services. In this case, the Nurse Assessor approved Petitioner for 13 hours of PCA services per week. However, a subsequent review by United

Healthcare's Medical Director resulted in Petitioner being approved for 21 hours per week. Thus, it is clear that the Medical Director did take into account Petitioner's particular needs and circumstances as evidenced by the fact that he awarded an additional 8 hours of PCA services per week. Despite this increase in hours, the ALJ nevertheless concluded that United Healthcare excessively reduced Petitioner's hours and that an additional 10 hours should be restored. The ALJ based his decision on the testimony of Petitioner's granddaughter and that of the Nurse and Clinical Manager from Petitioner's home health care agency. Unfortunately, the ALJ fails to specify how he arrived at an additional 10 hours-- i.e., what additional tasks are necessary to meet M.B.'s specific needs and the hours necessary to complete those tasks.

For this reason, I find that a new assessment is warranted. Should Petitioner disagree with the results of this assessment, she may request another fair hearing at that point.

THEREFORE, it is on this <sup>19<sup>th</sup></sup> day of May 2015,

ORDERED:

That United Healthcare perform a reassessment using the new State approved PCA Tool.<sup>1</sup>. Petitioner's services shall be continued at 36 hours per week pending the reassessment.



Valerie J. Harr, Director  
Division of Medical Assistance  
and Health Services

<sup>1</sup> The State approved this PCA Tool on January 1, 2015.