

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.

In this case, Petitioner was initially approved for 40 hours of weekly PCA services based on a 2012 assessment under the Global Options waiver program.¹ In reversing United's reduction of Petitioner's PCA services from 40 to 29 hours per week, the ALJ concluded that it is United Healthcare's burden to disprove a prior assessment. Specifically, the ALJ concluded, "[i]n the absence of evidence that the Initial assessment allocating 40 hours of PCA was flawed, any subsequent assessment that results in a decreased need for assistance for a person whose health has declined is inherently flawed or improperly administered." See Initial Decision at page 17. I disagree.

I am not persuaded that United Healthcare must continue to provide the same amount of PCA hours given in a prior assessment or that United has the burden of explaining how the decision to award 40 hours was derived. As noted previously in F.V. v. Horizon NJ Health:

I disagree that a new MCO that inherited a client that was afforded a certain amount of hours by the prior MCO must explain "how or why" the client was awarded this amount of services by the prior MCO. It

¹ Beginning July 1, 2014, participants in the Global Options waiver, which is now encompassed by the Comprehensive Medicaid Waiver, were enrolled in the Managed Long Term Services and Supports (MLTSS) program through their current Medicaid managed care organization (MCO). The MLTSS program provides comprehensive services and supports to help eligible beneficiaries remain living in the community rather than in a nursing facility.

may be that the prior MCO erroneously awarded too many PCA hours. Unquestionably, the client should be provided with the number of hours that are medically necessary. However, if too many hours were awarded in error, such an error should not be continued simply because that was the amount of hours awarded in the past. Horizon does not have the burden to disprove the determination of a prior MCO. [HMA 16988-14, Final Agency Decision (November 12, 2014)]

I also find it significant that Petitioner presented no evidence suggesting that any needed service or task cannot be performed within 29 hours per week. Moreover, Petitioner provided no evidence or explanation as to why this level of PCA services is insufficient with respect to her care needs. If the necessary personal care and household tasks can be accomplished within 29 hours per week, any additional hours would only be used for supervision or companionship which is not an authorized use of the service. See N.J.A.C. 10:60-3.8(c). This would be contrary to the purpose of the PCA program, which is intended to provide medically necessary assistance with specific health related tasks.

Moreover, once PCA services are authorized, a nursing reassessment is performed every six months or more frequently if warranted, to reevaluate the individual's need for continued care. N.J.A.C. 10:60-3.5(a)3. In this case, when P.R.P. became a client of United Healthcare, it conducted a reassessment of her PCA needs. In conducting the new assessment, United's nurse was aware of P.R.P.'s current medical conditions and needs and what tasks are necessary to meet her specific needs. The amount of time necessary to complete those tasks is included in the PCA assessment tool and in the ultimate recommendation of 29 PCA hours per week.

That said, I agree with United Healthcare's argument in its Exceptions to the Initial Decision that this appeal is moot with respect to United Healthcare as Petitioner is no longer enrolled as a member and no longer receives PCA services through United. United Healthcare is only obligated to provide services to its members. See Article V., Section 5.5D of the Medicaid Contract. Here, it is undisputed that Petitioner voluntarily disenrolled from United Healthcare as of March 31, 2016 and enrolled in Horizon NJ Health effective April 1, 2016, prior to the April 13, 2016 Initial Decision and the issuance of this Final Agency Decision. Consequently, the issue regarding the amount of PCA hours provided by United Healthcare is moot.

Horizon NJ Health shall perform a reassessment pursuant to N.J.A.C. 10:60-3.5(a)3. Should Petitioner disagree with the results of this assessment, she may request another fair hearing at that point.

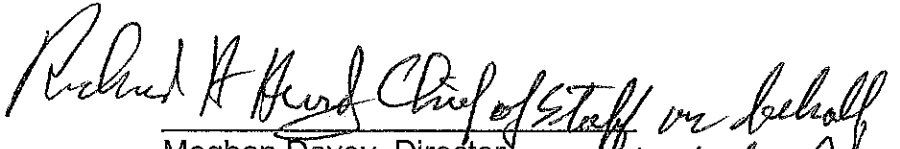
THEREFORE, it is on this ^{23rd} day of May 2016,

ORDERED:

That the issue regarding the amount of PCA hours provided by United Healthcare is dismissed as moot, and

IT IS FURTHER ORDERED:

That the Initial Decision reversing the reduction of Petitioner's PCA services is REVERSED. Petitioner shall receive 29 hours of weekly PCA services pending a reassessment by Horizon NJ Health.


Richard A. Beard, Chief of Staff on behalf
Meghan Davey, Director
Division of Medical Assistance
and Health Services *of Meghan Davey*