



this case, in addition to attending medical daycare each weekday from 8:30 a.m. until 4:00 p.m., M.B. receives personal care assistance (PCA) services through the Personal Preference Program, which is administered by the Division of Disability Services and allows Medicaid recipients to direct and manage their PCA services. Petitioner was approved for 25 hours of weekly PCA services based on an assessment performed under the Global Options waiver program. In reversing United's reduction of Petitioner's PCA services from 25 to 18 hours per week, the ALJ primarily focused on the fact that Petitioner's medical condition has not changed and that United therefore failed to meet the burden that a reduction in hours was warranted.

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. The issue in this case is not whether Petitioner's medical condition requires that she receive assistance with the activities of daily living (ADL). Both parties agree that such assistance is medically indicated. Rather, the dispute in this case centers on the appropriate number of hours to render the necessary assistance.

Petitioner was initially approved for 25 hours of weekly PCA services based on an assessment performed under the Global Options waiver program.<sup>1</sup>

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<sup>1</sup> 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 program.

As noted in prior FADs, a new MCO that inherited a client that was afforded a certain amount of hours is not required to explain "how or why" the client was given this amount of services. Thus, in this case, United does not have the burden to disprove the Global Options assessment. 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.

I note that 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. Indeed, in a recent unpublished opinion, the Appellate Division upheld the termination of PCA services, noting that a reassessment is required at least once every six months to evaluate an individual's need for continued PCA services. As a result, the Appellate Division found that "an individual who has received approval for eligible services is not thereby entitled to rely ad infinitum on the initial approval and remains subject to . . . reevaluation at least once every six months". J.R. v. Div. of Med. Assist. & Health Servs. and Div. of Disability Servs., No. A-0648-14 (App. Div. April 18, 2016). (Op. at 9).

On February 2, 2016, United Healthcare conducted the assessment at issue in this appeal. Using the State-approved PCA Beneficiary Assessment Tool, Patty Trozzi, RN, conducted an in-home assessment of M.B. and considered several categories related to her functional limitations and determined the amount of time M.B. needed for each category. Based on this assessment, Nurse Trozzi determined that the needed services could be

provided within 16.5 hours per week. However, after review by United's Medical Director, the amount was increased to 18.33 hours per week to provide additional time in the areas of cognition and dressing.

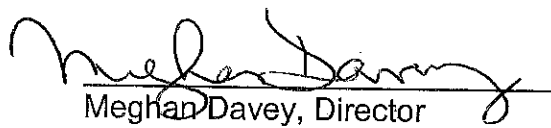
In this case, the ALJ concluded that Petitioner should continue to be provided with 25 hours of PCA services per week because "[t]here is no evidence that Petitioner's medical or cognitive condition improved between assessment cycles." Initial Decision at page 12. However, the decision fails to explain why 18 hours are insufficient with respect to addressing M.B.'s specific care needs or point to any needed service or task that cannot be performed within 18 hours per week. If the necessary personal care and household tasks can be accomplished within 18 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. For instance, the possibility that M.B. may have an occasional incidence of incontinence exists regardless of how many PCA hours are provided. PCA services are to be used for specific health related tasks, not to provide monitoring in case a particular condition occurs.

THEREFORE, it is on this <sup>26<sup>th</sup></sup> day of June 2017,

ORDERED:

That the Initial Decision is REVERSED in that the record does not support the conclusion that Petitioner continue to receive 25 hours of weekly PCA services based solely on the fact that her medical condition has not changed, and, IT IS FURTHER ORDERED:

That the matter is REMANDED to the OAL for additional testimony and documentary evidence regarding the amount of PCA hours needed to address Petitioner's specific functional needs with specific PCA health related tasks.

  
Meghan Davey, Director  
Division of Medical Assistance  
and Health Services