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

D.B.,   :

            PETITIONER,   :   **ADMINISTRATIVE ACTION**

                              :   **FINAL AGENCY DECISION**

         V.   :

                              :   **OAL DKT. NO. HMA 09201-14**

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 December 1, 2014 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 October 15, 2014.

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 Global Options (GO) waiver program, which is now encompassed by the Comprehensive Medicaid Waiver. I note that, beginning July 1, 2014, participants in the GO 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.

In order for an applicant to qualify for MLTSS, like the GO waiver, 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 neither cognitively impaired nor dependent 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.

THEREFORE, it is on this 24th day of November 2014,

ORDERED:

That the Initial Decision affirming the denial of Petitioner's clinical eligibility

for waiver services is hereby ADOPTED.

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