

## **6. Summary of Appeals Procedures:**

An individual who is denied Medicaid eligibility for nursing facility Level of care may request a fair hearing by filing a request for a hearing within twenty days of the denial with the Division of Medical Assistance and Health Services (DMAHS), Fair Hearing Unit, PO Box 712, Trenton, NJ 08625. Fair hearings are conducted in accordance with N.J.A.C. 10:49-10.3. A nursing facility Medicaid beneficiary may file a written request for a hearing to challenge the beneficiary's involuntary transfer from the facility. The request must be filed with the DMAHS within 30 days of the date of the written notice of involuntary transfer (See N.J.A.C. 8:85-1.10/10:163-1.10).

In addition to the right to request a Medicaid fair hearing, a Medicaid beneficiary who is a member of a managed care organization (MCO) may file an appeal of an adverse benefit determination with the MCO.

An individual who is denied eligibility for the respite care program may request a fair hearing by filing a request for a hearing within thirty days of receiving the denial with the NJ Division of Aging Services, Statewide Respite Care Program, PO Box 807, Trenton, NJ 08625 (See N.J.A.C. 10:164B-8.1).

An individual who is denied eligibility for PAAD benefits may request a fair hearing by filing a written request for a hearing with PAAD, PO Box 715, Trenton, New Jersey 08625-0715 (See N.J.A.C. 10:167-6.12). The request for a hearing must be filed with PAAD within thirty days of the mailing of the notice of ineligibility. A denial of a request for a medical exception override may also be appealed by filing a written request for a fair hearing within 30 days of the claim denial with PAAD MEP, PO Box 715, Trenton, NJ 08625-0715 (See N.J.A.C. 10:167A-1.29).

An applicant who is denied Lifeline Program benefits may appeal the denial by filing a written request for a fair hearing with the Lifeline Credit Program, Division of Aging Services, PO Box 722, Trenton, NJ 08625-0722. The request must be filed within thirty days of the date of mailing of the denial of eligibility (See N.J.A.C. 10:167D-4.13).

An applicant who is denied eligibility for Hearing Aid Assistance for the Aged and Disabled (HAAAD) may appeal the denial by filing a written request for a fair hearing with PAAD, Division of Aging Services, PO Box 722, Trenton, NJ 08625-0722. The request for a fair hearing must be filed within thirty calendar days of the date of mailing of the notice of ineligibility (See N.A.J.C. 10:167E-5.9).

A nursing facility may file a Level I appeal of its rate established by the Division of Aging Services by filing a written request with the Division of Aging Services, PO Box 723, Trenton, NJ 08625-0715. The written request for a Level I appeal must be filed within sixty days of receipt of notification of the rate. If the facility is not satisfied with the results of the Level I review by the Division of Aging Services (DoAS), the facility may file a written request for a Level II appeal with an Administrative Law Judge. The request for a Level II appeal must be filed with the DoAs within 20 days from the mailing of the ruling in the level I appeal (See N.J.A.C. 8:85-3.17/10:163-3.17). For State Fiscal Year 2014-2015, any nursing facility being paid on a fee-for-service basis or that has not negotiated a rate with a managed care organization shall

receive the same per diem reimbursement rate that it received on June 30, 2014 in addition to other moneys appropriated by the State Legislature for the fiscal year (See P.L. 2014, c. ).

An individual who is denied clinical eligibility for Adult Day Health Care services or whose services have been terminated, reduced or suspended may request an administrative hearing in accordance with the requirements of N.J.A.C. 10:49-10. A request for an administrative hearing must be filed within twenty days: 1) from the date of the date of Division of Aging Services' (DoAS) determination; 2) from the date of the determination of ineligibility by the professional staff designated by the DoAs; or, 3) from the date the individual receives notice that his or her services in an adult day health care facility have been terminated, reduced or suspended (See N.J.A.C. 10:164-1.5). The request must be filed with the Division of Medical Assistance and Health Services (DMAHS), Fair Hearing Unit, PO Box 712, Trenton, NJ 08625. An adult day health provider wishing to contest a DoAS decision regarding the provider's participation in the program may also request a hearing in accordance with N.J.A.C. 10:164-1.3(e).

A pediatric medical day care facility wishing to contest a decision made by the Department pursuant to N.J.A.C. 10:166-2 or 5 by filing a request in accordance with the Medicaid Administration Manual and the Uniform Administrative Procedure Rules at N.J.A.C. 1:1 (See N.J.A.C. 10:166-2.4). A Medicaid beneficiary may appeal a determination of clinical ineligibility by the Division of Aging Services by filing a request for a fair hearing in accordance with N.J.A.C. 10:49 and the Uniform Administrative Procedure Rules at N.J.A.C. 1:1. The request for a hearing must be submitted within twenty days of the date of issuance by the DoAS of the child's ineligibility (See N.J.A.C. 10:166-3.5). The request must be filed with the Division of Medical Assistance and Health Services (DMAHS), Fair Hearing Unit, PO Box 712, Trenton, NJ 08625.

An Area Agency on Aging that has received a notice of revocation or a denial of its application may file an appeal with the Division of Aging Services within 30 days after notice of revocation or notice of denial of its application. The appeal may be filed with the Administrator, Office of Area Aging Administration, Division of Aging Services, Department of Human Services, PO Box 807, Trenton NJ 08625-0807. The appeal shall be conducted in accordance with the New Jersey Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1. An agency that remains dissatisfied after exhausting its State administrative remedies may file an appeal with the federal Assistant Secretary on Aging within 30 days of the final agency decision (See N.J.A.C. 10:165-2.3).

An applicant who is denied participation in the Adult Day Health Services Program for Persons with Alzheimer's or Related Disorders, or a client whose participation in the program is terminated, may request a hearing pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. An appeal must be filed in writing within thirty days of the adverse action with the Alzheimer's Adult Day Services Program, New Jersey Department of Human Services, Division of Aging Services, PO Box 807, Trenton, NJ 08625-0807 (See N.J.A.C. 10:164A-7.1).

A participant in the Program for All-Inclusive Care for the Elderly (PACE) may file an appeal with the PACE provider organization to challenge the non-coverage of, or nonpayment for, a service including denials, reductions, or termination of PACE services (See 42 CFR 460.122). PACE Program participants

are afforded an external appeals process, either through the State Medicaid fair hearing process or the Medicare review process. The PACE Program provider must explain the external appeals process to a PACE participant and forward the appeal to the appropriate entity. (See 42 C.F.R. 460.124).