

(b) A fair hearing must be requested within 20 days of receipt of the adverse agency decision by writing or faxing to:

Division of Medical Assistance and Health Services
Fair Hearings Unit
PO Box 712
Trenton, New Jersey 08625-0712
Fax: (609) 588-2435

(c) A fair hearing request will operate as a stay of any adverse agency action pending the outcome of the matter under appeal.

(d) Once a stay of the adverse agency action is applied, participant directed services shall not be suspended, reduced, or terminated prior to the completion of the fair hearing and the rendering *of* a final decision.

(e) An exception to (d) above shall be afforded when a change in the participant's situation occurs, affecting eligibility or award of services under the program, while the decision of the administrative review is still pending and the participant does not request an additional administrative review related to the subsequent adverse agency action.

(f) Upon completion of the fair hearing process, a final decision regarding the matter in dispute shall be rendered by the Director of the Division of Medical Assistance and Health Services.

(g) If the applicant or eligible consumer objects to the final decision made in accordance with (f) above, a notice of appeal may be filed by the applicant or eligible participant with the Appellate Division of the Superior Court of New Jersey. Such appeals shall be made within 45 days of the final decision date pursuant to R. 2:4-1(b).

(h) Further information about filing a notice of appeal may be obtained by calling or writing the Appellate Division of the Superior Court of New Jersey at:

Richard J. Hughes Justice Complex
PO Box 006
Trenton, New Jersey 08625-0006
(609) 292-4822

10:142-9.4 Outcome of fair hearings

(a) If the outcome of a fair hearing proceeding results in upholding the adverse action initiated by the MCO or State program agency, the following will take place:

1. The MCO shall issue a new service authorization to the Division to execute changes to the budget allocation. Upon receipt of such authorization, the Division shall inform the participant and VF/EA of the changes.

2. Modifications to the budget allocation and cash management plan shall be made effective in accordance with procedures under N.J.A.C. 10:142-4.7.

(b) If the outcome of a fair hearing proceeding results in upholding the appeal filed by the participant on an adverse action initiated by either the MCO or State program agency, the provision of services shall be continued without change, however, future changes may be impacted by any subsequent nursing reassessment.

(c) If a settlement is obtained during a hearing proceeding, whereby the applicant or participant resolve a matter in dispute, the agreement terms and conditions shall be communicated with the Division or MCO, as appropriate, as a part of final outcome.

SUBCHAPTER 10. MEDICAID FRAUD AND ABUSE

10:142-10.1 Medicaid fraud and abuse

(a) The Division, and agents thereof, responsible for the administration of the Personal Preference Program shall employ methods, including, but not limited to, offering training, issuing written materials, etc., to identify situations in which a case of fraud and/or abuse in the program may exist.

(b) Any suspected situation of a Medicaid fraud or abuse should be reported immediately to the Division.

(c) The Division shall refer to the Office of State Comptroller, Medicaid Fraud Division (MFD), any situation(s) in which there is valid reason to suspect that Medicaid fraud has or may have been committed in accordance with N.J.A.C. 10:49-9.12.

(d) Willful or knowing acceptance of provider agency services by an applicant approved for participant-directed services, shall constitute fraud and may result in program disenrollment.

(e) Reporting may be performed by contacting the Medicaid Fraud and Abuse hotline at 1-888-937-2835 (toll free), or electronically by using the following website address: <http://www.nj.gov/comptroller/divisions/medicaid/complaint.html>.

(a)

OFFICE OF PROGRAM INTEGRITY AND ACCOUNTABILITY

Standards for Placement of Children Out-of-State Adopted New Rules: N.J.A.C. 10:195

Proposed: January 17, 2017, at 49 N.J.R.178(a).

Adopted: November 8, 2017, by Elizabeth Connolly, Acting Commissioner, Department of Human Services.

Filed: November 17, 2017, as R.2017 d.237, **without change**.

Authority: N.J.S.A. 30:1-15.3.

Effective Date: December 18, 2017.

Expiration Date: December 18, 2024.

Summary of Public Comment and Agency Response:

No comments were received.

Federal Standards Statement

A Federal standards analysis is not required because there are no Federal laws or standards applicable to the expired rules adopted herein as new rules.

Full text of the expired rules adopted herein as new rules can be found in the New Jersey Administrative Code at N.J.A.C. 10:195.

Full text of the adopted amendments to the expired rules adopted herein as new rules follows:

SUBCHAPTER 3. CONTRACTS AND REPORTS

10:195-3.3 Reports to the Legislature and the public

Recodify existing (b) and (c) as (a) and (b) (No change in text.)

(b)

DIVISION OF AGING SERVICES OFFICE OF COMMUNITY CHOICE OPTIONS

Notice of Redoption Long-Term Care Services

Redoption: N.J.A.C. 8:85

Authority: N.J.S.A. 30:4D-6a(4)(a), b(13) and (14), 7, and 17.15; and 42 U.S.C. § 1396a(a)(13)(a) and 42 U.S.C. § 1396r.

Authorized By: Elizabeth Connolly, Acting Commissioner, Department of Human Services.

Effective Date: November 21, 2017.

New Expiration Date: November 21, 2024.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 8:85 were scheduled to expire on March 24, 2018. N.J.A.C. 8:85 establishes standards for the provision of nursing services by nursing facilities, provides for the reimbursement of nursing facility services, and sets forth criteria and a process for determining Medicaid eligibility for nursing facility level of care. The rules implement the requirements of N.J.S.A. 30:4D-17.10 et seq., which requires the establishment of a preadmission screening program to determine the needs of Medicaid-eligible and other individuals seeking admission to a skilled nursing or intermediate care facility prior to placement in such facility, and they implement the preadmission screening and resident

review requirements of the Federal Nursing Home Reform Amendments, 42 U.S.C. § 1396r, which require states to screen individuals for mental illness or intellectual disability, regardless of payment source, prior to admission to a Medicaid-certified nursing facility in order to determine whether the specialized needs of such individuals can be met in a nursing facility. The Division of Aging Services, created pursuant to N.J.S.A. 30:1A-14 and transferred from the Department of Health to the Department of Human Services, has determined that the chapter remains necessary, proper, reasonable, efficient, understandable, and responsive to the purposes for which it was originally promulgated, as amended and supplemented over time, and should be readopted without amendment. Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), N.J.A.C. 8:85 is readopted and shall continue in effect for seven years.

(a)**DIVISION OF DEVELOPMENTAL DISABILITIES****Notice of Readoption****Family Support Service System****Readoption: N.J.A.C. 10:46A**

Authorized By: Elizabeth Connolly, Acting Commissioner,
Department of Human Services.

Authority: N.J.S.A. 30:6D-33 et seq., specifically 30:6D-41.

Effective Date: November 14, 2017.

New Expiration Date: November 14, 2024.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:46A were scheduled to expire on February 25, 2018. N.J.A.C. 10:46A implements the Family Support Act, P.L. 1993, c. 98 (Act). The Act recognizes that families provide individuals with disabilities with support, care, training, and other services and that these families act as a critical resource. The Act directs the Division of Developmental Disabilities (Division) to implement the Family Support Service System in coordination with the New Jersey Council on Developmental Disabilities and Regional Family Support Planning Councils. The Family Support Service System provides supports to families that care for individuals with developmental disabilities in the family home.

N.J.A.C. 10:46A implements the Act. The Division has reviewed the rules and determined that they are necessary and proper for the purpose for which they were originally promulgated. The Division intends to continue to collaborate with the New Jersey Council on Developmental Disabilities, the Regional Family Support Planning Councils, and other stakeholders about amendments that may be necessary in the future.

Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), N.J.A.C. 10:46A is readopted and shall continue in effect for a seven-year period.

(b)**DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES****Notice of Readoption****Prosthetic and Orthotic Services****Readoption: N.J.A.C. 10:55**

Authority: N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq.

Authorized By: Elizabeth Connolly, Acting Commissioner,
Department of Human Services.

Agency Control Number: 17-A-06.

Effective Date: November 20, 2017.

New Expiration Date: November 20, 2024.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:55, Prosthetic and Orthotic Services, were scheduled to

expire on February 8, 2018. N.J.A.C. 10:55 details provider participation requirements and related information for the provision of prosthetic and orthotic services under the New Jersey Medicaid/NJ FamilyCare fee-for-service program. The rules also identify covered and non-covered prosthetic and orthotic devices and services.

The Department of Human Services has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated, as required by Executive Order No. 66 (1978). Therefore, pursuant to N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq., and in accordance with N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period.

(c)**DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES****Notice of Readoption****Advanced Practice Nurse Services****Readoption: N.J.A.C. 10:58A**

Authority: N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq.

Authorized By: Elizabeth Connolly, Acting Commissioner,
Department of Human Services.

Agency Control Number: 17-A-07.

Effective Date: November 20, 2017.

New Expiration Date: November 20, 2024.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:58A, Advanced Practice Nurse Services, were scheduled to expire on March 24, 2018. N.J.A.C. 10:58A details provider participation requirements and related information for the provision of advanced practice nurse services under the New Jersey Medicaid/NJ FamilyCare fee-for-service program.

The Department of Human Services has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated, as required by Executive Order No. 66 (1978). Therefore, pursuant to N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq., and in accordance with N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period.

(d)**DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES****Notice of Readoption****Accountable Care Organization Demonstration Project****Readoption: N.J.A.C. 10:79A**

Authority: N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq.

Authorized By: Elizabeth Connolly, Acting Commissioner,
Department of Human Services.

Agency Control Number: 17-A-08.

Effective Date: November 17, 2017.

New Expiration Date: November 17, 2024.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:79A, Accountable Care Organization Demonstration Project, were scheduled to expire on May 5, 2018.

Pursuant to P.L. 2011, c. 114, the Department adopted rules in order to implement a three-year Medicaid Accountable Care Organization (ACO) demonstration project. The rules generally establish a system by which entities may voluntarily apply to become an ACO and by which to