(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 Readoption
Long-Term Care Services

Readoption: 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