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TITLE 8 SOCIAL SERVICES
CHAPTER 352 RECIPIENT HEARING POLICIES
PART 2 RECIPIENT HEARINGS

8.352.2.1 ISSUING AGENCY: New Mexico Human Services Department.
 [1-1-95; 8.352.2.1 NMAC - Rn, 8 NMAC 4.MAD.000.1, 7-1-01]

8.352.2.2 SCOPE: The rule applies to the general public.
 [1-1-95; 8.352.2.2 NMAC - Rn, 8 NMAC 4.MAD.000.2, 7-1-01]

8.352.2.3 STATUTORY AUTHORITY: The New Mexico medicaid and medical assistance programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended and by the state human services department pursuant to state statute. See NMSA 1978 27-2-12 et. seq. (Repl. Pamp. 1991). The premium assistance program is authorized by NMSA Section 27-2-12 et. seq. (Repl.Pamp. 1991).
 [1-1-95; 8.352.2.3 NMAC - Rn, 8 NMAC 4.MAD.000.3, 7-1-01; A/E, 8-31-06]

8.352.2.4 DURATION: Permanent
 [1-1-95; 8.352.2.4 NMAC - Rn, 8 NMAC 4.MAD.000.4, 7-1-01]

8.352.2.5 EFFECTIVE DATE: January 1, 2000, unless a later date is cited at the end of a section.
 [1-1-96, 1-1-00; 8.352.2.5 NMAC - Rn, 8 NMAC 4.MAD.000.5, 7-1-01; A, 7-1-05]

8.352.2.6 OBJECTIVE: The objective of these regulations is to provide policies for the service portion of the New Mexico medicaid and medical assistance programs. These policies describe eligible providers, covered services, noncovered services, utilization review, and provider reimbursement.
 [1-1-95, 2-1-95; 8.352.2.6 NMAC - Rn, 8 NMAC 4.MAD.000.6, 7-1-01; A/E, 8-31-06]

8.352.2.7 DEFINITIONS:

- A. "Action" means a termination, modification, reduction, or suspension of a covered service.
 - B. "Contractor" means a managed care organization (MCO), or HSD's utilization review contractor.
 - C. "Date of action" means the intended date on which a termination, modification, reduction, or suspension becomes effective.
 - D. "Denial" means the decision not to authorize a requested service.
 - E. "Hearing" or "administrative hearing" means an evidentiary hearing that is conducted so that evidence may be presented.
 - F. "HSD" means the human services department.
 - G. "MAD" means the medical assistance division.
 - H. "Notice" means a written statement that includes what action is being taken, the reasons for the intended action, the specific regulation that requires the action, and an explanation of the recipient's right to request a hearing, along with an explanation of the circumstances under which the service may be continued if a hearing is requested.
 - I. "Parties to the hearing" are the human services department (HSD) and the recipient. If the hearing issue is an MCO action, the parties are HSD, the recipient, and the MCO.
 - J. "Request for hearing" means a clear expression by a recipient or an authorized representative that the recipient wants the opportunity to present his or her case to a reviewing authority.
 - K. "State coverage insurance" SCI- health insurance flexibility and accountability waiver program for coverage of uninsured working adults.
 - L. "Utilization review contractor" is a contractor with the New Mexico medicaid program responsible for medical level of care reviews and medical necessity reviews for fee-for-service (not MCO) services.
 - M. "Premium assistance" is a premium assistance program for children and pregnant women who are ineligible for other federally and state funded public assistance programs.
- [1-1-96, 1-1-00; 8.352.2.7 NMAC - Rn, 8 NMAC 4.MAD.970.1 & A, 7-1-01; A, 7-1-05; A, 3-1-06; A/E, 8-31-06]

8.352.2.8 MISSION STATEMENT: The mission of the New Mexico medical assistance division (MAD) is to reduce the impact of poverty on people living in New Mexico and to assure low income and disabled

individuals in New Mexico equal participation in the life of their communities.
[2-1-95; 8.352.2.8 NMAC - Rn, 8 NMAC 4.MAD.002, 7-1-01; A, 7-1-09]

8.352.2.9 ADVERSE ACTIONS AND RECIPIENT HEARINGS:

[11-1-96, 1-1-00; 8.352.2.9 NMAC - Rn, 8 NMAC 4.MAD.970, 7-1-01]

8.352.2.10 RIGHT TO A HEARING: The human services department (HSD) must grant an opportunity for an administrative hearing as described in this section in the following circumstances pursuant to 42 CFR Section 431.220(a)(1) and (2), and New Mexico Statutes Annotated 1978, 27-3-3.

A. When a recipient requests an administrative hearing because he believes that HSD has taken an action erroneously.

B. When services of a medicaid recipient are terminated, modified, reduced, suspended, or denied. See 8.100.970 NMAC, Fair Hearings, for hearings procedures on eligibility determination issues.
[2-1-95; 8.352.2.10 NMAC - Rn, 8 NMAC 4.MAD.971 & A, 7-1-01]

8.352.2.11 HEARING PROCESS REFERENCE: HSD has established an administrative process for medicaid and medical assistance recipients who meet the criteria described above in 8.352.2.10 NMAC. For medicaid and medical assistance eligibility appeals procedures, see 8.100.970 NMAC, *Fair Hearings*. See 8.354.2 NMAC, *PASAAR and Patient Status Hearings* for policies on administrative hearings requests by residents who believe that a nursing facility determination that they be transferred or discharged is erroneous and for requests by any recipient who believes that the state determination with regard to the preadmission and annual resident review requirements is erroneous. 8.305.12 NMAC, *Grievance Resolution* describes appeal rights and processes for SALUD! enrolled recipients. A SALUD! enrolled recipient has a two-pronged appeals process available on issues of medical services: (1) through the HSD administrative hearings process described in this section, and (2) through the grievance resolution process described in 8.305.12 NMAC. The processes may be sequential or simultaneous. An SCI program participant may appeal eligibility denials and closures through the HSD administrative hearing process. SCI enrollment and benefits issues must be addressed through the managed care grievance/appeals process. If the benefit or enrollment issue is not resolved at the MCO grievance/appeal level, issues of MCO action may be taken to the HSD administrative hearing process. Issues of late premium payment or failure to pay the premium addressed through the MCO grievance/appeal process and not resolved at that level may be appealed to the state district court at the appellant's expense. An applicant/recipient of premium assistance may appeal eligibility determinations via the HSD administrative hearing process.
[11-1-96, 1-1-00; 8.352.2.11 NMAC - Rn, 8 NMAC 4.MAD.972, 7-1-01; A, 7-1-05; A/E, 8-31-06]

8.352.2.12 HEARINGS ON MEDICAL SERVICES ISSUES:

A. **Notice:** A recipient notice is initiated within three working days of a decision on a denial of a medical service on the part of HSD or its contractor. A 13-day advance notice is issued prior to an action of termination, modification, reduction, or suspension of a medical service. HSD or its contractor will provide such notice prior to termination, modification, reduction, or suspension of a service for a recipient pursuant to a prior approval or utilization review action on the part of a SALUD! contractor or HSD's utilization review contractor. Advance notice is required upon termination, modification, reduction, or suspension of a service that requires prior approval or is subject to utilization review, as described in the Medical Assistance Division Program Policy Manual. Denial of a service requires notice within three working days of a decision on the part of HSD or the contractor.

B. **Exceptions to advance notice:** HSD or a contractor will mail a notice of a termination, modification, reduction, or suspension of a medical service not later than the date of action if HSD or contractor:

- (1) has factual information that confirms the death of the recipient;
- (2) receives a clear written statement signed by the recipient that the services are no longer wanted, or the recipient provides information which requires a termination, modification, reduction or suspension of a medical service and indicates that the recipient understands that a termination, modification, reduction or suspension of a service shall be the result of providing that information;
- (3) learns that the recipient is residing in a public institution that makes the recipient ineligible for further services;
- (4) does not know the recipient's whereabouts and the post office returns mail directed to the recipient indicating no forwarding address;
- (5) has established the fact that the recipient has been accepted for medicaid services outside of the state of New Mexico; or

(6) a recipient's physician has prescribed a change in the level of medical care.

C. **Time limits:** A medicaid recipient has 90 days from the date of notice of action to request a fair hearing. To be considered timely, the request must be received by the HSD hearings bureau, the local ISD office, or MAD no later than the close of business on the 90th day. In order to receive continuation of benefits while the hearing process goes forward, the request must be received by HSD (including the HSD hearings bureau, the local ISD office, or the medical assistance division) no later than the close of business on the 13th day. Hearings are conducted and a written decision is issued by the medical assistance division director or designee to the recipient within 90 days from the date that HSD receives the hearing request.

D. **Dismissal of a hearings request:** HSD may deny or dismiss a request for hearing when:

(1) the request is not received in a timely manner or within the time period set out in the notice;
 (2) the request is withdrawn or cancelled in writing, by the recipient or the recipient's representative;
 (3) the sole issue presented concerns a federal or state law requiring an adjustment of benefits for all or certain classes of recipients, including, but not necessarily limited to, a termination, modification, reduction, or suspension of services; or

(4) the recipient fails to appear, without good cause, at a scheduled hearing.

[1-1-00; 8.352.2.12 NMAC - Rn, 8 NMAC 4.MAD.973 & A, 7-1-01]

8.352.2.13 HEARING PROCEDURE AND STANDARDS:

A. **Notice of hearing:** Unless otherwise agreed to by the recipient, written notice will be given to all parties involved, of the time, date, and place of the hearing, at least 10 days before the hearing. With the hearing notice, recipients are given an explanation of the hearing process. Recipients are advised that HSD does not pay for their representation or legal counsel.

B. **Postponement:** A recipient or representative may request and be approved for one postponement of the scheduled hearing, as long as it does not interfere with the decision time frames. The rescheduled hearing must allow for a final decision by no more than 90 days from the date of the initial hearing request. Requests for more than one postponement are considered, at the discretion of the hearing officer, on a case-by-case basis.

C. **Pre-hearing conference:** At the hearing officer's request, a pre-hearing conference may be scheduled prior to the hearing to clarify the issues and to examine the evidence introduced by both parties. The pre-hearing conference will not delay or replace the hearing itself. Pre-hearing conferences may include the recipient and/or representative, HSD staff, and contractor staff. The purpose of the conference is to informally discuss the issues, the policy the actions are based on, sharing of evidence, and examination of pertinent correspondence. Subsequent to the conference, or in the event that any of the parties to the hearing fail to participate, the scheduled hearing is still held, unless the recipient submits a written request for withdrawal.

D. **Summary of evidence:** A summary of evidence is a document prepared by HSD and the contractor, when party to the hearing, that provides background information necessary for the hearing. The summary will be completed within seven days of receipt of request, and will be forwarded to the HSD hearing officer. The medical assistance division's staff are responsible for preparation of the summary of evidence and coordination of parties and witnesses when a contractor is party to a fair hearing. The summary will contain:

(1) identifying information, including the recipient's name, name of the recipient's representative, recipient's social security number, address, medicaid eligibility category information, SALUD! enrollment information, and the status of any previous or concurrent grievance through the SALUD! contractor on the same issue;

(2) action, proposed action, or inaction being appealed;

(3) the issue or issues to be decided at the hearing;

(4) information on which the action is based, and facts and findings related to the hearings issues, along with supporting documentation and correspondence; some or all of the involved documentation may be provided by the contractor;

(5) manual section(s) on which the actions are based.

E. **Availability of evidence:** HSD will make the summary of evidence available for examination by the recipient or the recipient's representative prior to the scheduled date of the hearing, as well as during the hearing, with the exception of confidential information that is protected from inspection and release. Confidential information which is protected from release may not be introduced at the hearing, or used to affect the hearing officer's decision.

[1-1-00; 8.352.2.13 NMAC - Rn, 8 NMAC 4.MAD.974 & A, 7-1-01]

8.352.2.14 RECIPIENT RIGHTS AT THE HEARING:

A. **Recipient rights at the hearing:** The recipient is given an opportunity to:

- (1) examine the summary of evidence prior to, during, and after the hearing;
- (2) present his case or have it presented by an authorized representative; bring witnesses to present information that is relevant to the case and submit evidence to establish all pertinent facts and circumstances in the case;
- (3) advance arguments without undue interference; and
- (4) question or contradict any testimony or evidence, including an opportunity to confront and cross-examine HSD's and, when contractor is party to the fair hearing, the contractor's witnesses.

B. **Hearing officer:** Hearings are conducted by an impartial official who: 1) does not have any personal stake or involvement in the case; 2) was not directly involved in the determination of the action that is being contested. If the hearing officer had any involvement with the action in question, including giving advice or consultation on the points in issue, or is related in any relevant degree to the claimant or HSD staff member, the hearing officer shall disqualify himself as the hearing officer for that case.

(1) **Authority and duties of the hearing officer:** The hearing officer shall:

- (a) explain how the hearing will be conducted to participants at the start of the hearing, before administering oaths;
- (b) administer oaths and affirmations;
- (c) make sure that all relevant issues are considered during the hearing;
- (d) request, receive and make part of the record all evidence necessary to decide the issues raised;
- (e) regulate the content, conduct, and course of the hearing to ensure an orderly hearing; if a recipient, the recipient's authorized representative, any witness or other participant in the hearing refuses to cooperate or comply with rulings on the procedures and issues as determined at the discretion of the hearing officer, or acts in such a manner that an orderly hearing is not possible, the hearing officer may take appropriate measures to ensure that order is fully restored so that the recipient's opportunity to amply and fairly present his case is safeguarded; appropriate measures include, but are not limited to, excluding or otherwise limiting the presentation of irrelevant evidence, or terminating the hearing and recommending a decision based on the record up to the point when order was lost;
- (f) request, if appropriate, an independent medical assessment or professional evaluation from a source mutually satisfactory to the recipient and HSD; and
- (g) provide a hearing report and recommendation for review and final decision.

(2) **Appointment of hearing officer:** A hearing officer is appointed by the hearings bureau chief or designee upon receipt of the request for hearing.

C. **Evidence:** Formal rules of evidence and civil procedure do not apply. Instead, free, orderly exchange of information is necessary for the decision-making process. All relevant evidence is admissible, subject to the hearing officer's authority to limit repetitive or unduly cumulative evidence and his ability to conduct an orderly hearing. Information that is not available to the recipient may not be presented to the hearing officer or used in making the hearing decision.

(1) **Confidentiality:** The confidentiality of records must be maintained. See 42 CFR Section 431.300-307 and 45 CFR 164.504(c).

(2) **Administrative notice:** The hearing officer may take administrative notice of any matter for which courts of this state may take judicial notice.

(3) **Privilege:** The rule of privilege applies to the extent that it is requested and recognized in civil actions in the district courts of New Mexico.

(4) **Medical issues:** In a case involving medical care the parties have the right to examine any documents that may influence the decision. Any medical reports are made available to HSD, the involved MCO, and the recipient. If HSD has the reports, copies are provided to the recipient or his representative, without charge. When the evidence presented at the hearing does not adequately address the relevant medical issues, additional medical information may be obtained at the discretion of the hearing officer. The additional medical information may include, but is not limited to, a medical evaluation or analysis obtained at HSD's or an MCO's expense, from a source satisfactory to the recipient.

D. **Burden of proof:** HSD and the involved MCO, when party to the hearing, have the burden of establishing support for its proposed action by a preponderance of the evidence. The action or proposed action being appealed will be upheld if the evidence supporting the action is more convincing than the evidence offered in opposition to the action.

E. **Record of the hearing:** A hearing is electronically recorded. The recording is kept on file in the hearings bureau for 60 days after the date of the hearing decision. In addition to the recorded proceedings, the record of the hearing includes any pleadings, documents or other exhibits admitted into the record. If a hearing decision is appealed, a written transcript of the hearing is prepared by HSD and a copy of the transcript shall be supplied to the recipient, or his representative, free of charge. The records and decisions must be safeguarded. See 45 CFR 164.504(c).

[1-1-00; 8.352.2.14 NMAC - Rn, 8 NMAC 4.MAD.975 & A, 7-1-01; A, 7-1-03]

8.352.2.15 CONDUCTING THE HEARING: A hearing is conducted in an orderly manner and in an informal atmosphere. The hearing is not open to the public. The hearing is conducted by telephone, unless the recipient makes a special request for the hearing to be held in person, justified by special circumstances as determined by the hearing officer on a case-by-case basis. The final decision as to whether the hearing shall be in person is made by the HSD hearings bureau chief.

A. **Opening the hearing:** The hearing is opened by the hearing officer. Before a hearing by telephone, the recipient is given a statement explaining the telephone procedures. Individuals present are asked to identify themselves for the record. The hearing officer explains his role in the proceedings, and that the final decision on the hearing request will be made by the medical assistance division director after review of the hearing officer's recommendation. The order of testimony is described and the oath is administered to all who will testify at the hearing.

B. **Order of testimony:** The order of testimony at the hearing proceeds as follows:

(1) The HSD representative or MCO representative, when an MCO is party to the fair hearing, explains the department's or MCO's action with reference to the applicable HSD regulations and presents evidence in support of the action.

(2) The recipient is given the opportunity to cross-examine the HSD and MCO representative(s).

(3) If HSD presents other witnesses, the order of examination of each witness is:

(a) direct testimony of the witness by the HSD and/or the MCO representative;

(b) cross-examination by recipient or recipient's representative;

(c) examination or further questions by the hearing officer or, if requested, the HSD and MCO

representative.

(4) Presentation of recipient's case. If the recipient calls witnesses, the order of examination of each person is:

(a) direct testimony of claimant and or witnesses;

(b) cross-examination by the HSD and/or MCO representative;

(c) examination or further questions by the hearing officer or, if requested, the HSD and/or

MCO representatives, and/or the recipient or recipient's representative; the recipient may give evidence on the points at issue without interference, may request proof or verification of evidence or statements made by others, may present evidence or statements made by others, and may present evidence in rebuttal.

(5) The hearing officer may direct further questions to the HSD representative, the MCO representative, the recipient or any witnesses to clarify inconsistencies or obtain an adequate evidentiary record.

(6) The hearing officer may ask both or all parties to summarize and present closing arguments.

C. **Written closing argument:** If a recipient, HSD or MCO is represented by counsel or an authorized representative, the hearing officer may request that the closing argument be submitted in writing to the hearing officer.

D. **Continuance:** The hearing officer may continue the hearing upon the request of any party, or on his/her motion, for admission of additional testimony or other evidence. The granting of a continuance is at the discretion of the hearing officer, and can only be allowed when the timeliness of a decision is not jeopardized by the continuance or the parties have agreed to an extension of the decision time frames. The reasons for the continuance shall be stated for the record. Written notice of the date, time, and place of the continued hearing is sent to the parties if these are not sent at the time of the continuance.

E. **Additional documentary evidence:** If the hearing officer needs further documentary evidence, he/she may close the hearing but keep the record open and direct the parties to submit such evidence. All parties shall receive a copy of the documentary evidence being submitted and are allowed an opportunity to respond to the submission, in writing, within 10 days of its receipt.

F. **Reopening a hearing:** The hearing officer, at his/her discretion, may reopen a hearing when the evidentiary record fails to address an issue that is relevant to resolution of a hearing request. The hearing can only

be reopened if the parties have agreed to an extension of the time frames. Written notice of the date, time, and place of the reopened hearing is sent to the parties, not less than ten days before the reopened hearing.
[1-1-00; 8.352.2.15 NMAC - Rn, 8 NMAC 4.MAD.976 & A, 7-1-01]

8.352.2.16 CONTINUATION OF BENEFITS PURSUANT TO TIMELY APPEAL OF HEARING DECISION:

A. Continuation of benefits may be provided to recipients who request a hearing within 13 days of the notice. The notice will include information on the rights to continued benefits and on the recipient's responsibility for repayment if the hearing decision is not in the recipient's favor.

B. Repayment responsibility:

(1) When a recipient appeals an issue of medicaid eligibility as described in 8.100.970 NMAC, *Fair Hearings*, has requested continued benefits pursuant to timely appeal, and the hearing decision upholds HSD's or the involved contractor's proposed action, the overpayment amounts will be calculated as follows:

(a) Fee-for-service month: The medicaid paid amount (paid claims amount) is owed to HSD.

(b) Salud! enrolled month: HSD is owed the capitation amount plus the medicaid paid claim amount for any carved-out services.

(2) When a recipient appeals a termination, modification, reduction, or suspension of a service as described in this part, and has requested benefit continuation pursuant to timely appeal, and the hearing decision upholds HSD or the contractor's proposed action, the amount owed by the recipient will be calculated as follows: HSD will be owed the medicaid reimbursable amount for the period of time that the service was continued in the interim period pending the hearing decision, for fee-for-service and Salud! enrolled recipients when the service at issue is covered under medicaid fee-for-service. The MCO will be owed and is responsible to collect the medicaid reimbursable amount for the period of time that the service was continued in the interim period pending the hearing decision when the service was provided by the MCO. Collections by the MCO must be used for medicaid Salud! program purposes.

C. For SCI-enrolled clients only: Continuation of benefits may be provided to SCI recipients who are enrolled with an SCI MCO and request a hearing within 13 days of the notice. The notice will include information about the rights to continued benefits and about the recipient's responsibility for repayment if the hearing decision is not in the recipient's favor. If the SCI enrolled client has met his claim benefit maximums (dollars or bed days or prescriptions for the month) or has not paid premiums or paid premiums late, he will not have continuation of benefits when requesting a hearing within 13 days of the notice.

[1-1-00; 8.352.2.16 NMAC - Rn, 8 NMAC 4.MAD.977 & A, 7-1-01; A, 4-16-07; A, 7-1-09]

8.352.2.17 IMPLEMENTATION OF DECISION: The medical assistance division director's final decision is binding on all issues that have been the subject of a hearing as to that recipient unless stayed by court order. HSD is responsible for making sure that decisions are carried out.

A. **Decision favorable to HSD or the involved MCO:** If assistance or benefits have been continued while the hearing decision was pending, and the decision is favorable to HSD or the involved MCO, HSD or the involved MCO will take action to file an overpayment claim to the recipient for the service(s) received while the hearing decision was pending. A request for a hearing concerning the overpayment claim is limited to alleged computation errors. The hearing decision serves as advance notice for the resulting benefit termination, modification, reduction, or suspension. If the hearing decision is that the recipient received benefits to which it was not entitled, HSD or the MCO as described in 8.352.2.16 NMAC, will start collection proceedings.

B. **Decision favorable to recipient:** When a fair hearing decision is favorable to the recipient, HSD or the involved MCO will authorize the services and coverage approved in the fair hearing decision. If the individual is found to be eligible for SCI, the client can enroll with the MCO, but there will be no retroactive enrollment or benefit coverage under such circumstances.

[1-1-00; 8.352.2.17 NMAC - Rn, 8 NMAC 4.MAD.978 & A, 7-1-01; A, 4-16-07]

8.352.2.18 JUDICIAL APPEAL: If the final hearing decision upholds the involved MCO's or HSD's original action or proposed action, the recipient has the right to pursue judicial review of the decision and is so notified of that right in the HSD hearings decision. Note: Judicial appeals from medicaid hearing decisions are governed by New Mexico statutes and court rules. While the following subsections highlight applicable procedures, they should not be considered a substitute for examining the statutes and rules themselves.

A. **Jurisdiction:** Administrative appeals for medicaid applicants and recipients are governed by NMSA 1978 Section 39-3-1.1 and by Rule 1-074, Rules of Civil Procedures for the District Courts. The appropriate

venue for such appeals is the first judicial district court, or the state district court having jurisdiction over the local county office in which the hearing was conducted by telephone.

B. **Timeliness:** Unless otherwise provided by law, a recipient must appeal the medical assistance division director's decision notice within 30 days, by filing a notice of appeal with the clerk of the appropriate state district court, and sending a copy to the HSD office of general counsel.

C. **Jurisdiction and standard of review:** All judicial appeals are based on the record made at the administrative hearing, unless the judge allows other materials to be added. The HSD office of general counsel files a copy of the hearing record with the court clerk and furnishes one copy to the claimant within 30 days after receipt of the notice of appeal. The court may set aside the HSD hearing decision if it finds the decision is arbitrary, capricious, or an abuse of discretion; is not supported by substantial evidence in the record as a whole; or is otherwise not in accordance with the law.

D. **Benefits pending appeal:** The filing of a notice of appeal shall not stay the enforcement of the HSD decision, but the recipient may seek a stay upon motion to the court. If the court orders a stay, HSD and/or the involved MCO will maintain the service(s) at issue in accordance with the court's order. If the final decision is in favor of HSD, and a termination, modification, reduction, or suspension of service was pending the decision on appeal, a claim retroactive to the date the change would have been made is filed, if appropriate.

[1-1-00; 8.352.2.18 NMAC - Rn, 8 NMAC 4.MAD.979 & A, 7-1-01]

HISTORY OF 8.352.2 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the Commission of Public Records-State Records Center and Archives:

SP-004.0200 Section 4, General Program Administration Hearing For Applicants, 1/23/81

SP-004.2800 Section 4, General Program Administration Appeals Process For Skilled Nursing Facilities And Intermediate Care Facilities, 3/5/81

NMAC History: 8 NMAC 4.MAD.970 Oversight Policies, Recipient Hearing Policies, Recipient Hearings, 10/16/96

8 NMAC 4.MAD.970 Oversight Policies, Recipient Hearing Policies, Recipient Hearings; 12/15/99.

History of Repealed Material: [RESERVED]