

iv. Sign or mark the application.

2. Assist the Division of Medical Assistance and Health Services in securing evidence that corroborates the statements when necessary.

(d) The beneficiary has the responsibility to repay the State of New Jersey, upon request, for the cost of benefits incorrectly paid on his or her behalf.

## SUBCHAPTER 5. ELIGIBILITY REQUIREMENTS

### 10:69-5.1 Age and income standards

(a) To be eligible for HAAAD, the applicant must be 65 years of age or older or must be under 65 and over 18 years of age and receive Social Security Title II disability benefits and have an annual income below \$17,056 if they are single or \$20,913 combined income if married.

(b) HAAAD eligibility is conferred based upon annual income for the current calendar year.

(c) The HAAAD program shall take necessary action to recover the full amount of payments made on behalf of beneficiaries during an ineligible period, when appropriate.

(d) Beginning January 1, 1996 and annually thereafter, the income eligibility limits shall increase by the amount of the maximum Social Security benefit cost-of-living increase for that year for single and married persons respectively, in accordance with 42 U.S.C. 415(i)(2)(D), incorporated herein by reference. The Commissioner shall publish the new income limits annually in the New Jersey Register.

Amended by R.1991 d.563, effective November 18, 1991.

See: 23 N.J.R. 2623(a), 23 N.J.R. 3514(a).

Income eligibility revised upwards.

Amended by R.1993 d.608, effective December 6, 1993.

See: 25 N.J.R. 3407(a), 25 N.J.R. 5528(b).

Amended by R.1996 d.7, effective January 2, 1996.

See: 27 N.J.R. 3541(a), 28 N.J.R. 184(c).

In (a) increased income limits, and added (d).

Administrative Change.

See: 28 N.J.R. 3597(a).

In (a) increased income limits.

### 10:69-5.2 Citizenship and residence

(a) A person shall not be required to be a citizen of the United States in order to be eligible for HAAAD.

(b) Any resident of this State shall be eligible for HAAAD. (See 10:69-2.1.)

### 10:69-5.3 Recipient of other assistance and hearing aid coverage

(a) Any person shall be ineligible for HAAAD if he or she is otherwise qualified for assistance for the New Jersey Title XIX (Medicaid) program.

(b) If an otherwise eligible person's hearing aid costs are covered in whole by any other State or Federal government program or insurance contract, the person is not eligible for hearing aid assistance under these rules. If an eligible person's hearing aid costs are covered in part by any other State or Federal government program or insurance contract, the person may be entitled to receive a reduced hearing aid assistance. HAAAD will pay full client liability up to \$100.00. The program will recover from the third party payor in cases where an applicant has partial coverage and total client out-of-pocket expense is less than \$100.00.

### 10:69-5.4 Certification

The applicant for HAAAD benefits must sign a certification that all the answers to the questions and items on the application form are true and accurate to the best of his or her knowledge.

### 10:69-5.5 Authorization

By signing or marking the certification and authorization statement on the application form, the applicant authorizes assignment of benefits to the State of New Jersey if he or she or his or her spouse has any other plan of assistance or insurance that covers, at least in part, the cost of hearing aids.

### 10:69-5.6 Eligibility period

A person eligible for HAAAD is entitled to receive a payment of up to \$100.00 in a calendar year. Only one benefit may be issued in the period between January 1 and December 31 of any year. No benefits will be granted for hearing aids purchased prior to February 4, 1988.

### 10:69-5.7 Recoveries for benefits incorrectly paid

(a) The Division may take all necessary action to recover the cost of benefits incorrectly paid on behalf of a beneficiary.

1. The term "incorrect payment" includes, but is not limited to:

i. Payment made on behalf of a beneficiary whose hearing aid costs are wholly covered by another source;

ii. Payment made on behalf of a beneficiary who is no longer eligible, or has been incorrectly determined to be eligible to receive benefits;

iii. Payment made as a result of fraud perpetrated by a beneficiary, his or her authorized agent and/or provider.

(b) The Division shall take all reasonable measures to ascertain the legal liability of third parties to pay for hearing aids arising out of injury, disease, or disability, where it is known that a third party is or may be liable to pay all or part of the hearing aid costs for a beneficiary.

**10:69-5.8 Appeal process**

(a) When the Bureau of PAAD determines that an applicant is ineligible for Hearing Aid Assistance for the Aged and Disabled benefits, the applicant has the right to appeal the decision by submitting a written request for a fair hearing to the Bureau of Pharmaceutical Assistance to the Aged and Disabled, Division of Medical Assistance and Health Services, New Jersey Department of Human Services, CN 715, Trenton, New Jersey 08625-0715, within 20 calendar days from the date of mailing of the notice of ineligibility. The document must clearly state the valid basis for such a request.

(b) The Bureau of PAAD will forward the hearing request to the Office of Administrative Law which will schedule the hearing and notify all parties of the date, time and location.

(c) The petitioner will have the burden of demonstrating that the Bureau of PAAD's determination deviates from the requirements and standards of the regulations and statute.

New Rule, R.1993 d.368, effective July 19, 1993.  
See: 24 N.J.R. 4329(a), 25 N.J.R. 3216(a).

iv. Sign or mark the application.

2. Assist the Division of Medical Assistance and Health Services in securing evidence that corroborates the statements when necessary.

(d) The beneficiary has the responsibility to repay the State of New Jersey, upon request, for the cost of benefits incorrectly paid on his or her behalf.

## SUBCHAPTER 5. ELIGIBILITY REQUIREMENTS

### 10:69-5.1 Age and income standards

(a) To be eligible for HAAAD, the applicant must be 65 years of age or older or must be under 65 and over 18 years of age and receive Social Security Title II disability benefits and have an annual income below \$16,624 if they are single or \$20,383 combined income if married.

(b) HAAAD eligibility is conferred based upon annual income for the current calendar year.

(c) The HAAAD program shall take necessary action to recover the full amount of payments made on behalf of beneficiaries during an ineligible period, when appropriate.

(d) Beginning January 1, 1996 and annually thereafter, the income eligibility limits shall increase by the amount of the maximum Social Security benefit cost-of-living increase for that year for single and married persons respectively, in accordance with 42 U.S.C. 415(i)(2)(D), incorporated herein by reference. The Commissioner shall publish the new income limits annually in the New Jersey Register.

Amended by R.1991 d.563, effective November 18, 1991.  
See: 23 N.J.R. 2623(a), 23 N.J.R. 3514(a).

Income eligibility revised upwards.

Amended by R.1993 d.608, effective December 6, 1993.

See: 25 N.J.R. 3407(a), 25 N.J.R. 5528(b).

Amended by R.1996 d.7, effective January 2, 1996.

See: 27 N.J.R. 3541(a), 28 N.J.R. 184(c).

In (a) increased income limits, and added (d).

### 10:69-5.2 Citizenship and residence

(a) A person shall not be required to be a citizen of the United States in order to be eligible for HAAAD.

(b) Any resident of this State shall be eligible for HAAAD. (See 10:69-2.1.)

### 10:69-5.3 Recipient of other assistance and hearing aid coverage

(a) Any person shall be ineligible for HAAAD if he or she is otherwise qualified for assistance for the New Jersey Title XIX (Medicaid) program.

(b) If an otherwise eligible person's hearing aid costs are covered in whole by any other State or Federal government program or insurance contract, the person is not eligible for hearing aid assistance under these rules. If an eligible person's hearing aid costs are covered in part by any other State or Federal government program or insurance contract, the person may be entitled to receive a reduced hearing aid assistance. HAAAD will pay full client liability up to \$100.00. The program will recover from the third party payor in cases where an applicant has partial coverage and total client out-of-pocket expense is less than \$100.00.

### 10:69-5.4 Certification

The applicant for HAAAD benefits must sign a certification that all the answers to the questions and items on the application form are true and accurate to the best of his or her knowledge.

### 10:69-5.5 Authorization

By signing or marking the certification and authorization statement on the application form, the applicant authorizes assignment of benefits to the State of New Jersey if he or she or his or her spouse has any other plan of assistance or insurance that covers, at least in part, the cost of hearing aids.

### 10:69-5.6 Eligibility period

A person eligible for HAAAD is entitled to receive a payment of up to \$100.00 in a calendar year. Only one benefit may be issued in the period between January 1 and December 31 of any year. No benefits will be granted for hearing aids purchased prior to February 4, 1988.

### 10:69-5.7 Recoveries for benefits incorrectly paid

(a) The Division may take all necessary action to recover the cost of benefits incorrectly paid on behalf of a beneficiary.

1. The term "incorrect payment" includes, but is not limited to:

i. Payment made on behalf of a beneficiary whose hearing aid costs are wholly covered by another source;

ii. Payment made on behalf of a beneficiary who is no longer eligible, or has been incorrectly determined to be eligible to receive benefits;

iii. Payment made as a result of fraud perpetrated by a beneficiary, his or her authorized agent and/or provider.

(b) The Division shall take all reasonable measures to ascertain the legal liability of third parties to pay for hearing aids arising out of injury, disease, or disability, where it is known that a third party is or may be liable to pay all or part of the hearing aid costs for a beneficiary.

**10:69-5.8 Appeal process**

(a) When the Bureau of PAAD determines that an applicant is ineligible for Hearing Aid Assistance for the Aged and Disabled benefits, the applicant has the right to appeal the decision by submitting a written request for a fair hearing to the Bureau of Pharmaceutical Assistance to the Aged and Disabled, Division of Medical Assistance and Health Services, New Jersey Department of Human Services, CN 715, Trenton, New Jersey 08625-0715, within 20 calendar days from the date of mailing of the notice of ineligibility. The document must clearly state the valid basis for such a request.

(b) The Bureau of PAAD will forward the hearing request to the Office of Administrative Law which will schedule the hearing and notify all parties of the date, time and location.

(c) The petitioner will have the burden of demonstrating that the Bureau of PAAD's determination deviates from the requirements and standards of the regulations and statute.

New Rule, R.1993 d.368, effective July 19, 1993.  
See: 24 N.J.R. 4329(a), 25 N.J.R. 3216(a).