

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 Farmington Avenue
HARTFORD, CT 06105-5033

██████████ 2016
SIGNATURE CONFIRMATION

Client ID #: ██████████
HEARING ID#: 759498

NOTICE OF DECISION

PARTY

████████████████████
████████████████
██████████████

Client: ██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, the Connecticut Behavioral Health Partnership (“CTBHP”) sent ██████████ (“Appellant”) a Notice of Action (“Notice”) denying a request for twelve hours of psychological testing services between ██████████/2016 – ██████████/2016 for their child, ██████████ (“member”).

On ██████████ 2016, Appellant requested an expedited administrative hearing to contest the Department’s denial of the prior authorization request of twelve hours of psychological testing services for the member.

On ██████████ 2016, the Department of Social Services’ (“Department”) Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

████████████████████, Appellant
████████████████████, Appellant’s spouse
Lynne Ringer, Beacon Health Options
Dr. Sherrie Sharp, Chief Medical Director, Child and Adolescent Psychiatry,
CTBHP

Dr. Lois Berkowitz, CT Department of Children and Families Contract Manager
for CTBHP
Swati Sehgal, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CTBHP's denial of prior authorization for twelve hours of psychological testing through the Medicaid program was in accordance with state regulations.

FINDINGS OF FACT

1. The Appellant is the member's adoptive parent. The member's date of birth is [REDACTED]/2002. (Appellant testimony)
2. The member is a participant in the Medicaid program, as administered by the Department. (Record)
3. The CTBHP is the Department's contractor for the purpose of authorizing payment for behavioral health services. (Record)
4. The member has unspecified mood disorder and Attention Deficit/Hyperactivity Disorder. (Exhibit 1: Report of Neuropsychological Examination)
5. The member has prominent emotional behavioral components, including depression and anxiety. The presence of mood disturbance, both depression and anxiety, could be exacerbating weakness in attention and the presence of cognitive rigidity. (Exhibit 1)
6. The member was adopted at [REDACTED] old and her biological mother was reportedly diagnosed with schizophrenia. (Appellant's Testimony)
7. The member is currently an [REDACTED] grade student. She was homeschooled since [REDACTED] grade because of her ongoing social and academic difficulties in public school. (Appellant's Testimony and Hearing Summary)
8. The member wants to go back to public school at the start of the next school year. (Exhibit 1, Exhibit D: Appeal Request and Supplemental Documents and Hearing Summary)
9. The Appellant is trying to get a second Neuropsychological evaluation done in order to have an individualized Education Plan ("IEP") in place prior to the start of the next school year. (Appellant's testimony and Exhibit D)

10. The Appellant is not satisfied with the evaluation which took place in ██████████ 2015, as it does not capture the full range of the member's difficulties and does not provide enough information for the family to help her. The Appellant is seeking a second opinion. (Appellant's Testimony)
11. The member was never evaluated by a child psychiatrist. (Appellant's Testimony)
12. The member receives individual psychotherapy from a Licensed Family Therapy, and medication management from a Nurse Practitioner. (Appellant's Testimony)
13. On ██████████ 2016, CTBHP received a request for prior authorization from ██████████ Health for twelve hours of psychological testing services for dates of service between ██████████ 2016 and ██████████ 2016. (Hearing Summary, Exhibit B: Level of Care Review)
14. On ██████████ 2016, CTBHP denied the request for Psychological testing for the member because it is not medical necessary based on services requested not being clinically appropriate in terms of type, frequency, timing, site, extent, duration, considered effective for the individual's illness or injury or disease. (Hearing Summary and Exhibit C: Notice of Action for Denied Services)
15. On ██████████ 2016, the Appellant appealed the decision. (Hearing Summary)
16. On ██████████ ██████████ 2016, ██████████ Health called CTBHP and initiated the level 1 provider appeal. (Hearing Summary)
17. On ██████████ 2016, Dr. Sharp, CTBHP Chief Medical Director, reviewed the provider's appeal and upheld the denial (Hearing Summary, Exhibit F: Peer Advisor Review, and Exhibit G: Appeal Determination Letter)
18. Dr. Sharp recommended that the member be evaluated by a child psychiatrist for diagnostic clarity. (Exhibit G)
19. On ██████████ 2016 the Appellant initiated the level 1 member appeal. (Hearing Summary)
20. On ██████████ 2016, Dr. Zinn from CTBHP upheld the decision because the member was tested, and repeat testing was not clinically supported and therefore deemed not medically necessary. In addition, testing can be pursued with the school system due to federal mandate. (Hearing Summary)

21. CTBHP correctly denied the request of prior authorization for 12 hours of psychological testing because it is not medically necessary.

CONCLUSIONS OF LAW

1. The Department is the designated state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act and may make such regulations as are necessary to administer the medical assistance program. [Conn. Gen. Stat. §17b-2; Conn. Gen. Stat. §17b-262]
2. Except for the limitations and exclusions listed below, the department shall pay for the professional services of a licensed psychologist which conform to accepted methods of diagnosis and treatment, but shall not pay for anything of an unproven, educational, social, research, experimental, or cosmetic nature; for services in excess of those deemed medically necessary and medically appropriate by the department to treat the client's condition; or for services not directly related to the client's diagnosis, symptoms, or medical history. Conn. Gen. Stat. §17b-262-471
3. The Department shall not pay for the following psychological services:
 - (a) information or services furnished by the psychologist to the client over the telephone;
 - (b) all evaluations, diagnostic interviews, and therapy services performed in hospital inpatient or outpatient settings;
 - (c) concurrent services involving similar treatment modalities for the same client by different health professionals;
 - (d) cancelled office visits or for appointments not kept; and
 - (e) psychological services which are primarily for vocational or educational guidance.Conn. Gen. Stat. §17b-262-472
4. The Appellant is seeking authorization for member's psychological evaluation for educational purposes.
5. For purposes of the administration of the medical assistance programs by the Department of Social Services, "medically necessary" and "medical necessity" mean those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is

- generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition. [Conn. Gen. Stat. § 17b-259b (a)]
6. The member is receiving services from a Family Therapist and from a Nurse practitioner for her ongoing mental health treatment; and has completed psychological testing. CTBHP correctly denied the request for second psychological testing services for the member as it is not medically necessary.

DISCUSSION

The Appellant testified that his daughter is suffering from depression and anxiety. She has received a Neuropsychological evaluation in █████ 2015. The Appellant and his wife are not satisfied with the report of that evaluation as it did not answer all of their concerns and neither did it provide any guidance on how to reintroduce the member to █████ school. The Appellant requested an expedited hearing so they could have a psychological evaluation completed and IEP in place prior to the start of the next school year. Dr. Sharp testified that CT Behavioral Health Partnership–Child Psychiatric, Level of Care Guidelines specifies that authorization for psychological testing could not be granted more than once every 12 months and the primary purpose of testing is not educational, vocational, or for legal purposes. State Regulations provide that the Department shall not pay for psychological services which are primarily for vocational or educational guidance. Dr. Sharp recommended that the member should be seen by a child psychiatrist and she also expressed her concerns regarding another psychological evaluation as it will give the member a onetime report, and limited communication between the psychologist who evaluates her and people who continue to be involved in her life. CTBHP correctly denied the Appellant's request.

DECISION

The Appellant's appeal is **DENIED**.

Swati Sehgal

Swati Sehgal
Hearing Officer

Cc: William Halsey, DSS Central Office
Lynne Ringer, Value Option, 500 Enterprise drive, Rocky Hill Ct 06067
Lois Berkowitz, DCF Clinical and Community Consultations Support Team

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 25 Sigourney Street, Hartford, CT 06106-5033.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 25 Sigourney Street, Hartford, CT 06106. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.