

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVE.
HARTFORD, CT 06105-3725

██████████ 2018
Signature Confirmation

Client ID # ██████████
Request # 120859

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2018, the Community Health Network of Connecticut (“CHNCT”) sent ██████████ (the “child”) a Notice of Action (“NOA”). The notice stated the request for prior authorization request for Home Health Aide Services (“HHA”) to be increased from fourteen (14) hours to twenty-eight (28) hours per week has been denied because the additional service requested is not medically necessary under state law.

On ██████████ 2018, ██████████ (“Case Manager”), Case Manager with the ██████████ on behalf of the child requested an administrative hearing to contest the CHNCT’s decision to deny the request for increased services.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2018.

On ██████████ 2018, the Case Manager requested a continuance which OLCRAH granted.

On ██████████ 2018, the OLCRAH issued a notice scheduling the administrative hearing for ██████████ 2018.

On [REDACTED] 2018, the Case Manager requested a continuance which OLCRAH granted.

On [REDACTED], 2018, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] 2018.

On [REDACTED] 2018, 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:

[REDACTED] Child's Representative
 [REDACTED], Witness for the Child
 Heather Lapointe, LPN, CPC, Community Health Network of Connecticut
 Barbara McCoid, Community Health Network of Connecticut
 Lisa Nyren, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the decision to deny the prior authorization request to increase home health aide services from fourteen (14) hours per week to twenty-two and one half (22.5) hours per week as not medically necessary is correct.

FINDINGS OF FACT

1. The child is a participant in the Medicaid program as administered by the Department of Social Services (the "Department"). (Hearing Record)
2. CHNCT is the Department's contractor for reviewing medical requests for prior authorization of home health aide services ("HHA"). (Hearing Record)
3. The [REDACTED] is the child's legal guardian under the foster care program. (Hearing Record)
4. [REDACTED] ("Case Manager") is employed by [REDACTED] and is the child's case manager. The Case Manager oversees the child's care, provides case management services, provides communication, ensures the foster home is safe, and maintains placement for the child. (Case Manager's Testimony)

5. In [REDACTED] 2017, the [REDACTED] placed the child in the care of his grandmother and grandfather under the foster care program. Both grandparents are over [REDACTED] years of age. (Case Manager's Testimony)
6. The grandmother works full time five days per week that includes Saturdays. The grandmother does not work on Sundays and one weekday per week using her weekday off to take the child to scheduled medical appointments. (Case Manager's Testimony)
7. The grandfather is retired but due to physical limitations, which include recent knee surgery and back issues, cannot provide the child with the needed care. (Case Manager's Testimony)
8. The child is age [REDACTED] born on [REDACTED] and weighs 70 pounds. (Exhibit 1: Prior Authorization Request and Case Manager's Testimony)
9. [REDACTED] [REDACTED] [REDACTED] [REDACTED] (the "HHA Provider") provides fourteen (14) hours per week of HHA services for the child under the Medicaid program. (Case Manager's Testimony)
10. [REDACTED] provides HHA services on Saturdays and one weekday a week through the [REDACTED] because the 14 hours authorized under Medicaid do not meet the child's needs. (Case Manager's Testimony)
11. The child's medical diagnosis includes: autistic disorder, cerebral palsy unspecified, unspecified asthma with acute exacerbation, constipation unspecified and attention deficit. (Exhibit 1: Prior Authorization Request)
12. The child's cognitive functioning is impaired. (Exhibit 1: Prior Authorization Request)
13. The child is unable to verbalize his needs due to ongoing speech problems. (Exhibit 1: Prior Authorization Request and Case Manager's Testimony)
14. The child cannot feed himself. (Exhibit 1: Prior Authorization Request, Exhibit 4: Administrative Hearing Request, and Case Manager's Testimony)
15. The child uses a wheelchair to ambulate and needs assistance when transferring. (Exhibit 1: Prior Authorization Request and Case Manager's Testimony)

16. The child wears ankle-foot orthosis' (AFO's), leg braces daily. (Case Manager's Testimony)
17. The child can walk short distances with assistance. (Case Manager's Testimony and Exhibit 1: Prior Authorization Request)
18. The child is easily tired due to sleep issues which can trigger negative behavior. (Case Manager's Testimony and Exhibit 1: Prior Authorization Request)
19. The child is easily frustrated which lead to behavior issues which have escalated resulting in tantrums and self-harming behaviors such as crying, head banging, and throwing oneself on the ground. The child's safety is of concern during these tantrums. (Case Manager's Testimony and Exhibit 1: Prior Authorization Request)
20. The child is incontinent and wears diapers. (Exhibit 1: Prior Authorization Request and Case Manager's Testimony)
21. The child attends school Monday through Friday boarding the school van at 8:30 am and returning home at 3:30 pm. (Exhibit 1: Prior Authorization Request)
22. The child's home health aides attend to the child from 7:00 am to 8:30 am and 3:30 pm to 6:30 pm Monday through Friday. (Exhibit 1: Prior Authorization Request and Case Manager's Testimony)
23. The child's home health aide attends to the child all day on Saturdays. (Case Manager's Testimony)
24. The child's home health aide assists the child with activities of daily living ("ADL'S") and instrumental activities of daily living ("IADL'S") which include: bathing/showering, toileting, dressing, eating, functional mobility, personal hygiene, stretching/exercising, and light housekeeping such as dish washing after mealtime, bed making upon rising or changing bed linens when soiled. (Exhibit 1: Prior Authorization Request and Case Manager's Testimony)
25. For the time period of 7:00 am to 8:30 am Monday through Friday, the child's home aide assists the child with transferring, bathing and personal hygiene, toileting, dressing, meal preparation and eating, clean-up, and supervision at the bus stop. Specifically, the home health aide is responsible for getting the child out of bed, remove and replace pull-up diapers, dressing the child for school, preparing and assisting the child with breakfast, personal hygiene, and supervising the child while waiting for the school van. (Exhibit 1: Prior Authorization Request)

26. For the time period of 3:30 pm to 6:00 pm Monday through Friday, the child's home aide assists the child with transferring, personal hygiene, toileting, dressing, meal preparation and eating, clean-up, and supervision of the child to prevent injury. Specifically, the home health aide meets the school van and assists the child from the van, remove and replace pull-up diapers, undress outerwear as appropriate, check AFO's, prepare and assist child with dinner, personal hygiene such as washing hands and face and wipe drooling, clean up eating area when child finishes eating, and supervising the child to prevent injuries. (Exhibit 1: Prior Authorization Request)
27. On [REDACTED] 2018, CHNCT received a prior authorization request from the HHA Provider for an increase in home health aide services from fourteen (14) hours to twenty-two and one half (22 ½) hours for a diagnosis of autism, cerebral palsy and asthma. (Exhibit 1: Prior Authorization Request)
28. The Plan of Care (the "Plan") request HHA services to assist the child with his ADL's and IADL's which include assistance with personal care, meal preparation and tub/shower bath. The HHA may apply lotion and powder as patient desires. The plan also requests a skilled nursing assessment every fifty-eight (58) to sixty (60) days for general assessment, skin check, respiratory status, check for safety issues, and oxygen saturation levels and body temperature. (Exhibit 1: Prior Authorization Request)
29. On [REDACTED] 2018, CHNCT received a Home Health Aide Intake Form completed by [REDACTED] of HHA Provider on behalf of the child indicating the child needs assistance with bathing, dressing, eating, toileting and mobility. The HHA Provider notes the child's cognitive skills for daily decision making as total dependence, meaning unable to orientate more than a few minutes at a time, tends to wander and needs constant supervision to prevent harm to self or others, aggressive or combative to self and others, delusional, hallucinatory, or paranoid behavior. The HHA Provider notes the child needs one to one staff to manage problems due to frequent and severe behaviors displayed by the child. The child mobility is limited and requires at least one staff member to assist. The child requires hands on assistance to bathe, dress, undress, and groom. The child requires total assistance with toileting and cleaning self due to urinary and bowel incontinence. The child requires assistance with medication management which includes mouth checks to ensure compliance. The child requires assistance when transferring. The child is able to walk with assistance. (Exhibit 1: Prior Authorization Request and Case Manager's Testimony)

30. On [REDACTED] 2018, CHNCT received the Home Health Aide 15 minute Breakdown detailing services provided by the child's HHA during shift visits Monday through Friday. Services included bathing, dressing, hygiene, toileting, meal preparation, eating, and clean-up schedule, preparation for school, transportation, bed making schedule, and stretching/activity schedule. (Exhibit 1: Prior Authorization Request)

Time	ADL activity/comments
7:00am – 7:15 am	Gather items for dressing, personal care; wake patient; & get to bathroom
7:15 am – 7:30 am	Assist patient to brush teeth, undress, & partial bathe
7:30 am – 7:45 am	Assist patient to apply lotion, dress, leg braces, & check skin for breakdown
7:45 am – 8:00 am	Assist patient with meal preparation, monitor & assist with eating
8:00 am – 8:15 am	Make patient's bed, clean up kitchen area, dispose of leftover food, & clean dishes/utensils
8:15 am – 8:30 am	Assist patient to wash hands & face, dress for outside, transfer to wheelchair, & wait outside with patient for bus transportation to school.

Time	ADL activity/comments
3:30 pm – 3:45 pm	Assist patient off school bus & settle in at home. Remove outerwear & put away any personal items sent home by school.
3:45 pm – 4:00 pm	Assist patient with washing hands & face, remove & replace pull-up diapers, provide pericare.
4:00 pm – 4:30 pm	Set up meal, seat & position patient at table, place bib on patient, feed, monitor & encourage food intake. Work with patient to focus, chew & swallow food. Monitor for drool & food & clean face as necessary.
4:30 pm – 4:45 pm	Clean patients dirty dishes, utensils, & eating area.
4:45 pm – 5:00 pm	Check leg braces & assist patient to wash up after meal.
5:00 pm – 6:00 pm	Engage patient in activities to provide diversion, increase attention span & focus with eye/hand coordination. Monitor & guard against injury.
6:00 pm – 6:30 pm	Gather patient's clothes for tub bath, undress patient & remove leg braces, check patient's skin, assist patient in tub bath & dress patient after bath & reapply leg braces. Clean up bath area when done.

31. On [REDACTED] 2018, Richard Cowett, MD, FAAP, CHNCT pediatrician reviewed the child's medical information which included the Home Health Certification and Plan of Care, Home Health Aide Intake Form, and Home Health Aide 15 minute Breakdown. CHNCT denied the Appellant's request for an increase in HHA services. CHNCT determined the request does not show any change in the child's medical condition that would necessitate an increase in nursing assistance. The plan of care includes tasks which are not hands on care such as changing linens, cleaning, and laundry. HHA services are provided for hands-on care such as bathing, dressing, and feeding. There is nothing in the nursing notes or

assessment that indicates a medical need for this member to have an increase in hours over the current allocated 14 hours. (Exhibit 2: Medical Review)

32. Under Medicaid, fourteen hours of HHA services do not require prior authorization from CHNCT. (CHNCT Representative's Testimony and Exhibit 3: NOA)
33. On [REDACTED], 2018, CHNCT issued a NOA to the child. The notice stated your request to increase HHA services from 14 hours per week to 28 hours of HHA services has been denied. CHNCT determined the request for additional services as not medically necessary because it is not the right amount of service for your child. CHNCT commented the documentation sent in by the HHA provider does not show a change in your child's medical condition and the plan of care for the increase in hours includes tasks which are not hands-on care such as cleaning, bed making, doing dishes and engaging in social activities. CHNCT writes, "HHA services are to provide hands-on personal care such as bathing, dressing, and feeding. Therefore, the request to increase the service hours per week is denied as not medically needed. The current plan of care for fourteen (14) hours per week of HHA can continue to be provided without authorization" (Exhibit 3: NOA)
34. On [REDACTED] 2018, the [REDACTED] requested an administrative hearing on behalf of the child to contest the denial of the prior authorization request to increase HHA services from 14 hours per week to 28 hours per week. [REDACTED] submitted two separate letters of medical necessity with the appeal request. The first letter of medical necessity is written by [REDACTED] [REDACTED] Supervisor"). The second letter is written by [REDACTED] Supervisor with the HHA Provider ("HHA Supervisor"). Refer to Finding of Facts # 35 and #36. (Exhibit 4: Administrative Hearing Request)
35. The [REDACTED] Supervisor writes in part, "[the HHA Provider] provides HHA assistance in the morning preparing [the child] for school, and HHA assistance in the afternoon after school 3 days a week until his Foster Mother/Maternal Grandmother returns home from work. Foster Father/Maternal Grandfather is in the home while the HHA is present. [The child] requires assistance with all Activities of Daily Living (ADL), is nonverbal, and engages in self-abusive behaviors which require continual monitoring and hands on intervention when exhibiting these behaviors. He does not have bladder or bowel control. In order to maintain [the child's] current medical condition in good care [REDACTED] has been paying for another Home Health Care Agency to provide a HHA coverage 2 days a week to make up for the days that [the HHA Provider] cannot go in." The

- HHA Provider cleans the area where the child has eaten, the bathroom after the child's bath, and picks up clothing and linens after changing and dressing the child. The HHA provider changes bed linens when soiled by the child. The HHA Provider engages the child in social activities in order to increase social development and decrease negative behaviors and monitors the child for self-abusive behaviors intervening when needed to engage the child in more appropriate behaviors and encourage him to focus on age appropriate social activities and respond to verbal cues. The █████ Supervisor writes, "It is true that his medical condition has not changed, but that is only because █████ has been providing the extra hours of HHA care that we are now requesting Husky cover. We ask that Husky reconsider their decision and grant approval to increase █████ HHA care from 14 to 21.5 hours." (Exhibit 4: Administrative Hearing Request)
36. The HHA Provider writes, "[The child] is non-verbal with impaired cognitive skills resulting in total dependence in meeting his daily ADL's, physical, behavioral, nutritional and safety needs. [The child] wears AFO and will use wheelchair outside of the home. [The child] attends school daily and needs total care in the mornings to ready for bus pick at the same time each morning, hence the request for 7.5 hrs/wk to make sure that he is ready and has the assistance of the Home Health Aide in the morning. [The child] arrives home from school after 3:00 pm and an aide is needed to assist him from the bus into the home, where an evening routine is in place regarding personal care to include incontinent care as needed through the shift, bathing, undressing/dressing, food intake by feeding as patient is cognitively unable to self-feed. Pt is severely delayed and ambulates wearing AFO's with some difficulty; therefore the HHA time to complete each task with the patient is lengthened. Pt has outburst at times and HHA spends quality time providing diversion activities, working with the patient to focus and respond to verbal cues. Patient has shown slight progress in greeting and increase eye contact since HHAs have been assigned." (Exhibit 4: Administrative Hearing Request)
37. On █████ 2018, CHNCT issued a NOA to █████. The notice stated CHNCT issued a notice of denial for the prior authorization request to increase HHA hours because it is not the right amount of service for the member as documentation submitted does not show any change in the child's medical condition. The plan of care included tasks which are not hands on care such as cleaning, bed making, doing dishes, and engaging in social activities. HHA services are provided for hands-on personal care such as bathing, dressing, and feeding. CHNCT provided █████ with the information necessary to submit additional medical documentation to be considered for the appeal process. (Exhibit 5: Acknowledgement Letter)
38. On █████ 2018, CHNCT requested additional medical documentation from the child's HHA Provider. (Exhibit 6: Medical Record Request)

39. On [REDACTED] 2018, CHNCT issued a revised NOA to the child. The notice stated your request to increase HHA services from 14 hours per week to 22.5 hours of HHA services has been denied. CHNCT determined the request for additional services as not medically necessary because it is not the right amount of service for your child. CHNCT commented the documentation sent in by the HHA provider does not show a change in your child's medical condition and the plan of care for the increase in hours includes tasks which are not hands-on care such as cleaning, bed making, doing dishes and engaging in social activities. CHNCT writes, "HHA services are to provide hands-on personal care such as bathing, dressing, and feeding. Therefore, the request to increase the service hours per week is denied as not medically needed. The current plan of care for fourteen (14) hours per week of HHA can continue to be provided without authorization" (Exhibit 7: NOA)
40. On [REDACTED] 2018, CHNCT reviewed the prior authorization request which included the Home Health Certification and Plan of Care, Home Health Aide Intake Form, Home Health Aide 15 Minute Breakdown, Administrative Hearing Request with attached letters of medical necessity. CHNCT concluded, "That there is no significant change in this member's medical condition that would necessitate an increase in nursing assistance. Thus, there is no evidence that the requested include in an additional 8.5 hours per week of HHA services is medically necessary." (Exhibit 9: Medical Review Results)
41. On [REDACTED] 2018, CHNCT denied the Appellant's appeal for the increase in HHA services from 14 hours per week to 22.5 hours per for the child and notified the [REDACTED]. The notice stated that principal reason to uphold the denial is that the medical information does not support the medical necessity for the requested increase of Home Health Aide (HHA) services from fourteen (14) hours per week to twenty-two and a half (22.5) hours per week because there is no significant change in the current member's medical condition that would necessitate an increase of eight and a half (8.5) hours per week for a total of 22.5 hours per week of HHA services. There is no evidence that would validate the medical necessity for the increase in hours to provide direct hands-on personal care such as bathing, dressing and feeding for the child. (Exhibit 11: NOA)

CONCLUSIONS OF LAW

1. The 2018 Supplement to the Connecticut General Statute § 17b-2(a)(6) provides that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.

2. State statute provides in part that the Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program. [Conn. Gen. Stats. § 17b-262]
3. State statute provides 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. Stats. § 17b-259b(a)]
4. State statute provides that clinical policies, medical policies, clinical criteria or any other generally accepted clinical practice guidelines used to assist in evaluating the medical necessity of a requested health service shall be used solely as guidelines and shall not be the basis for a final determination of medical necessity. [Conn. Gen. Stats. § 17b-259b(b)]
5. State statute provides that the Commissioner of Social Services shall establish prior authorization procedures under the Medicaid program for home health services, physical therapy, occupational therapy and speech therapy. The Commissioner of Social Services may contract with an entity for administration of any such aspect of prior authorization or may expand the scope of an existing contract with an entity that performs utilization review services on behalf of the department. The commissioner, pursuant to section 17b-10, may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided the commissioner prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and

procedures implemented pursuant to this section shall be valid until the time final regulations are adopted. [Conn. Gen. Stats. § 17b-242a]

6. State statute requires upon denial of a request for authorization of services based on medical necessity, the individual shall be notified that, upon request, the Department of Social Services shall provide a copy of the specific guideline or criteria, or portion thereof, other than the medical necessity definition provided in subsection (a) of this section, that was considered by the department or an entity acting on behalf of the department in making the determination of medical necessity. [Conn. Gen. Stats. § 17b-259b(c)]
7. State statute provides that the Department of Social Services shall amend or repeal any definitions in the regulations of Connecticut state agencies that are inconsistent with the definition of medical necessity provided in subsection (a) of this section, including the definitions of medical appropriateness and medically appropriate, that are used in administering the department's medical assistance program. The commissioner shall implement policies and procedures to carry out the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal not later than twenty days after implementation. Such policies and procedures shall be valid until the time the final regulations are adopted. [Conn. Gen. Stats. § 17b-259b(d)]
8. Section 17b-262-724 of the Regulations of Connecticut State Agencies provides that sections 17b-262-724 to 17b-262-735, inclusive, of the Regulations of Connecticut State Agencies set forth the Department of Social Services requirements for the payment of home health care services on behalf of clients who are determined eligible to receive services under the Connecticut Medicaid program pursuant to section 17b-262 of the Connecticut General Statutes.
9. Regulation provides for definitions as used in section 17b-262-724 to section 17b-262-735, inclusive, of the Regulations of Connecticut State Agencies: (1) "Activities of Daily Living" or "ADL" means any activity necessary for self-care including bathing, dressing, toileting, transferring and feeding; (2) "Instrumental activity of daily living" or "IADL" means any activity related to a person's ability to function in the home, including, but not limited to, meal preparation, housework, laundry and use of the telephone. [Conn. Agency Regs. § 17b-262-725]
10. State regulation provides that the department shall pay for medically necessary and medically appropriate home health care services only under orders of a licensed practitioner as part of a care plan. [Conn. Agency Regs. § 17b-262-731(a)]

11. State regulation provides that subject to the limitations and exclusions identified in sections 17b-262-724 to 17b-262-735, inclusive, of the Regulations of Connecticut State Agencies, the department shall pay for medically necessary and medically appropriate home health care services provided by home health care agencies that are directly related to the client's diagnosis, symptoms or medical history. These services include: (2) hands on care provided by a home health aide; and (3) home health aide assistance with an IADL provided in conjunction with hands on care. [Conn. Agency Regs. §§ 17b-262-728(a)(2) and 17b-262-728(a)(3)]
12. State regulation provides that the department shall not pay a home health care agency for anything of an unproven, experimental or research nature or 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. Agency Regs. § 17b-262-729(9)]
13. The child's condition and diagnosis of autistic disorder, cerebral palsy unspecified, unspecified asthma with acute exacerbation, constipation unspecified and attention deficit meets the criteria of severity as established in state statute and state regulation to support medical necessity.
14. The child's condition meets the criteria to authorize payment for HHA services because the child requires assistance with ADL's such as showering/bathing, hygiene, dressing, transferring/mobility assistance, feeding and toileting and with IADL's which include light housekeeping duties such as cleaning up the kitchen after feeding, picking up the bathroom after use, and changing bed linens when soiled.
15. The hours requested on behalf of the child are medically necessary to provide home health aide services to the child.
16. CHNCT was incorrect to deny prior authorization because the child meets the medical necessity criteria for HHA services in accordance with state statutes and regulations.
17. On ██████████ 2014, CHNCT incorrectly denied the Appellant's request for prior authorization of HHA services for 22.5 hours per week.

DISCUSSION

Increasing the number of hours provided by the HHA to 22.5 hours per week as requested may allow the child to receive services on additional days where

services are needed but are not being provided or where services were being provided by [REDACTED] and no longer are.

Regulation provides that HHA services to include both ADL's and IADL's. The services provided to the child outlined in the Home Health Aide 15 Minute Breakdown and Home Health Aide Intake Form include both ADL's and IADL's that are appropriate when providing HHA services to the child.

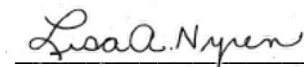
CHNCT's decision to deny the prior authorization request to increase HHA hours from 14 hours per week to 22.5 hours is denied. The medical evidence and testimony provided supports the conclusion that HHA services at a rate of 22.5 hours per week as requested are medically necessary to meet the child's needs.

DECISION

The Appellant's appeal is GRANTED.

ORDER

1. CHNCT must rescind their denial of the prior authorization request for an increase in HHA services from 14 hours per week to 22.5 hours per week.
2. CHNCT must approve the prior authorization request for 22.5 hours per week of HHA services.
3. Compliance is due 10 days from the date of this decision.



Lisa A. Nyren
Fair Hearing Officer

CC: Heather Lapointe, LPN, CPC, CHN
Appeals@chnct.org

[REDACTED]

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, 55 Farmington Avenue Hartford, CT 06105.

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, 55 Farmington Avenue Hartford, CT 06105. 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.