

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105

[REDACTED] 2018
Signature confirmation

Case: [REDACTED]
Client: [REDACTED]
Request: [REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]
Re: [REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2018, Connecticut Dental Health Partnership (“CTDHP”), the Department of Social Services’ dental subcontractor for HUSKY Health, issued [REDACTED] (the “Appellant”) a *Notice of Action* denying her dental provider’s request for prior authorization of orthodontic treatment for her minor child, [REDACTED] (the “child”).

On [REDACTED], 2018, the Appellant filed a request for an administrative hearing with the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”).

On [REDACTED], 2018, the OLCRAH issued a notice to the Appellant scheduling an 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, the OLCRAH held an administrative hearing. The following attended the proceeding by video and telephone conferencing:

[REDACTED], Appellant
[REDACTED], Appellant’s witness
Rosario Monteza, CTDHP’s representative
Vincent Fazzino, D.M.D., CTDHP’s witness
Eva Tar, Hearing Officer

On [REDACTED] 2018, the Appellant submitted new evidence for the hearing record.

By mutual agreement, the close of the hearing record was extended up to [REDACTED] 2018 to allow CTDHP to review the new evidence and to submit written comment.

On [REDACTED], 2018, CTDHP approved prior authorization for orthodontic treatment for the child.

STATEMENT OF ISSUE

The issue to be decided is whether CTDHP correctly determined that orthodontic treatment for the child was not medically necessary.

FINDINGS OF FACT

1. The child's date of birth is [REDACTED]. (CTDHP's Exhibit 1)
2. The child has jaw asymmetry, with an occlusal cant up to the right and a shorter right mandibular ramus. (CTDHP's Exhibit 2)
3. The child has medical coverage through HUSKY Health. (CTDHP's Exhibit 4)
4. On [REDACTED], 2018, CTDHP received from [REDACTED] a [REDACTED] 2018 request for prior authorization of orthodontic treatment for the child. (CTDHP's Exhibit 1)
5. On [REDACTED] 2018, CTDHP issued a *Notice of Action* denying the request for prior authorization for orthodontic treatment, stating that orthodontic treatment was not medically necessary. (CTDHP's Exhibit 4)
6. On [REDACTED] 2018, the Appellant submitted to CTDHP a [REDACTED] 2018 frontal skull X-ray, a [REDACTED] 2018 profile skull X-ray, and a [REDACTED] 2018 panoramic X-ray of the child. (Appellant's Exhibit A)(Appellant's Exhibit B)(Appellant's Exhibit C)
7. On [REDACTED] 2018, CTDHP approved prior authorization for orthodontic treatment for the child. (CTDHP's Exhibit 11)

CONCLUSIONS OF LAW

1. The Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program. Conn. Gen. Stat. § 17b-262.
2. The Department of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by said department. Conn. Gen. Stat. § 17b-261b (a).
3. Orthodontic services will be paid for when: (1) provided by a qualified dentist; and (2) deemed medically necessary as described in these regulations. Conn. Agencies Regs. § 17-134d-35 (a).
4. The Department of Social Services shall cover orthodontic services for a Medicaid recipient under twenty-one years of age when the Salzmann Handicapping Malocclusion Index indicates a correctly scored assessment for the recipient of twenty-six points or

greater, subject to prior authorization requirements. If a recipient's score on the Salzmann Handicapping Malocclusion Index is less than twenty-six points, the Department of Social Services shall consider additional substantive information when determining the need for orthodontic services, including (1) documentation of the presence of other severe deviations affecting the oral facial structures; and (2) the presence of severe mental, emotional or behavioral problems or disturbances, as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, that affects the individual's daily functioning. The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the commissioner publishes notice of intent to adopt regulations on the eRegulations System not later than twenty days after the date of implementation. Conn. Gen. Stat. § 17b-282e.

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. CTDHP's ██████████ 2018 approval of prior authorization for orthodontic treatment for the child renders the issue of this hearing moot.

DECISION

CTDHP has granted prior authorization for orthodontic treatment for the child. The issue of this hearing is moot.

Eva Tar - electronic signature
Eva Tar
Hearing Officer

Cc: Diane D'Ambrosio, CTDHP
Rita LaRosa, CTDHP

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 Legal Counsel, Regulations, and Administrative Hearings, 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 his 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.