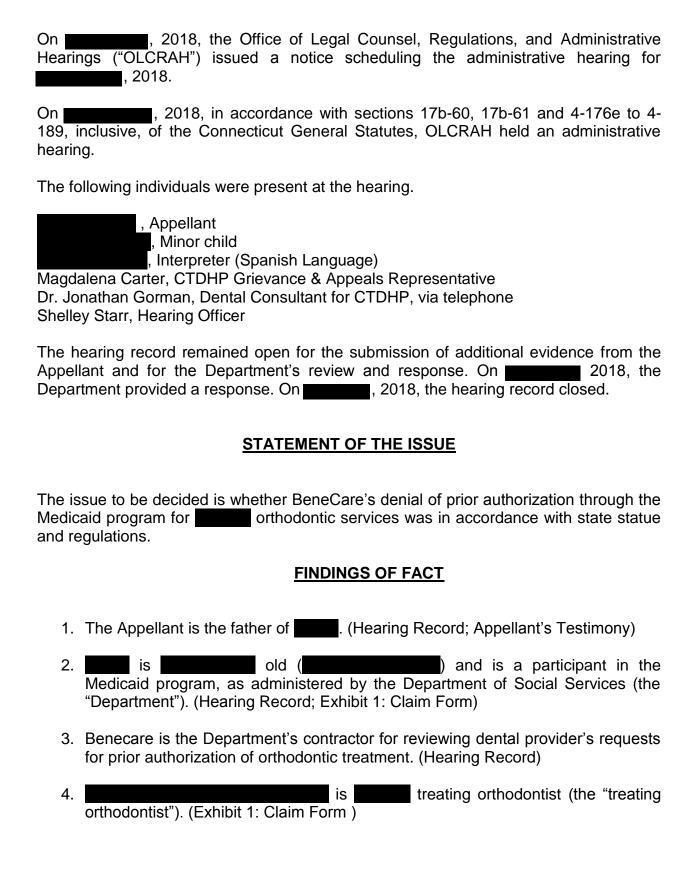
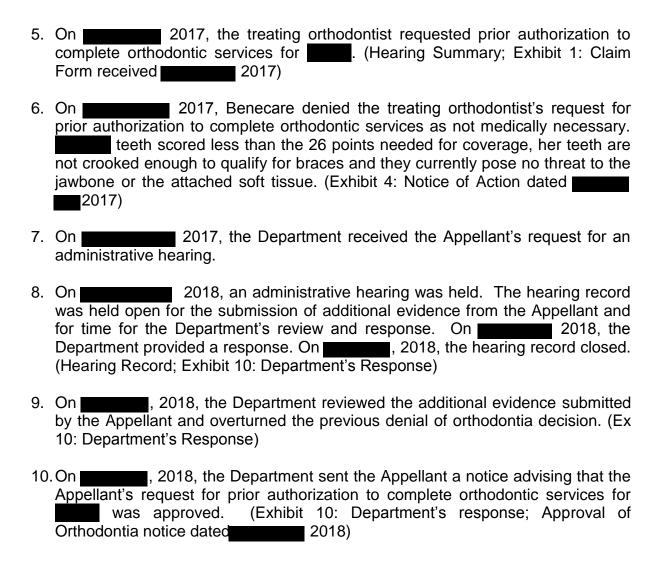
STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS 55 FARMINGTON AVE. HARTFORD, CT 06105-3725

	Signature Confirmation
Client ID # Request # Request #	
NOTICE OF DISMISSAL	
<u>PARTY</u>	
On 2017, BeneCare Dental Plans ("Be Connecticut Dental Health Partnership ("CTDHP") sent a Notice of Action ("NOA") denying a request for pr services for, his minor child, indicating malocclusion did not meet the medical necessity require treatment, and that orthodontia was not medically necessity.	(the "Appellant") rior authorization of orthodontiang that the severity of rement to approve the proposed
On 2017, the Appellant requested an adm Department's denial of prior authorization of orthodontia	
On, 2017, the Office of Legal Counsel, Hearings ("OLCRAH") issued a notice scheduling 2017.	
On 2017, the Appellant requested to resch	nedule the hearing.
On 2017, the Office of Legal Counsel, Hearings ("OLCRAH") issued a notice scheduling 2017.	
The Appellant did not appear for the, 2017	7, scheduled hearing.





CONCLUSIONS OF LAW

- 1. Section 17b-2 & 17b-262 of the Connecticut General Statutes designates that the Department is the 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.
- 2. Regulations of Connecticut State Agencies § 17-134d-35(a) provides that orthodontic services provided for individuals less than 21 years of age will be paid for when provided by qualified dentist and deemed medically necessary as described in these regulations.
- 3. Uniform Policy Manual ("UPM") § 1570.25 (c)(2)(k) provides that the Fair Hearing Official renders a Fair Hearing decision in the name of the

Department, in accordance with the Department's policies and regulations. The Fair Hearing decision is intended to resolve the dispute.

UPM § 1570.25(F)(2) provides that the Department must consider several types of issues at an administrative hearing, including the following:

a. eligibility for benefits in both initial and subsequent determinations

On ______, 2018, the Department has approved the Appellant's request for orthodontic services for his child. Thus, the Appellant has not experienced any loss of benefits.

The Appellant's hearing issue has been resolved; therefore, there is no issue on which to rule. "When the actions of the parties themselves cause a settling of their differences, a case becomes moot." McDonnell v. Maher, 3 Conn. App. 336 (Conn. App. 1985), citing, Heitmuller v. Stokes, 256 U.S. 359, 362-3, 41 S.Ct. 522, 523-24, 65 L.Ed. 990 (1921).

The issue for which the Appellant had requested has been approved; there is no practical relief that can be afforded through an administrative hearing.

DECISION

The Appellant's appeal is **Dismissed** as moot.

Shelley Starr Hearing Officer

cc: Diane D'Ambrosio, Connecticut Dental Health Partnership Rita LaRosa, Connecticut Dental Health Partnership

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 <u>specific</u> 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 06105-3725.

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.