

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

██████████ 2021
Signature Confirmation

Case ID # ██████████
Client ID # ██████████
Request # ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2021, Beacon Health Options (“Beacon”), the Department of Social Services (“Department”) vendor that administers approval of requests for services under the Connecticut Behavioral Health Program (“CTBHP”) sent ██████████ (the “Appellant”), a Notice of Action (“NOA”) denying the prior authorization request for Spravato.

On ██████████ 2021, the Appellant requested an administrative hearing to contest the denial of medication by Beacon.

On ██████████ 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2021.

On ██████████ 2021, 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
Andrine Pirard, Medical Director, Beacon Health Options
Autumn Pollard, Representative, Beacon Health Options
Swati Sehgal, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Beacon's decision to deny the prior authorization request for Spravato was correct.

FINDINGS OF FACT

1. The Appellant is a recipient of Medicaid under the Husky program. (Hearing Record)
2. Beacon Health Options ("Beacon") is the administrative service organization responsible for the authorization of services provided under the Connecticut Behavioral Health Program ("CTBHP"). (Hearing Record)
3. The Appellant is ■ years old. (Hearing Record)
4. The Appellant is diagnosed with Major Depressive Disorder. (Hearing Summary, Exhibit 1: Notice of action for Denied Services, ■)
5. In ■ 2021, the Appellant was prescribed one antidepressant: Bupropion. The Appellant has not been prescribed any other antidepressant until then. (Hearing Summary, Exhibit 2)
6. On ■ 2021, after having suicidal thoughts, the Appellant was prescribed Fluoxetine in addition to Bupropion. (Hearing Summary, Exhibit 2)
7. On ■ 2021, CTBHP received a request for Intranasal esketamine (Spravato) with a requested start date of ■ ■ 2021. (Hearing Summary, Appellant's Testimony, Exhibit 2)
8. The Appellant developed a safety plan with her therapist. Her boyfriend agrees to support and assist with the plan as needed. The Appellant has strong family support as well. (Hearing Summary)
9. On ■ 2021, Dr. Paulo Correa of Beacon reviewed the request and requested a letter of medical necessity by ■ 2021. (Hearing Summary)
10. The Appellant's medical provider submitted a letter of medical necessity. (Hearing Summary)

11. Dr. Van Wattum of Beacon received and review the letter of medical necessity and determined that a peer review was necessary based on the information received. (Hearing Summary)
12. On [REDACTED] [REDACTED], 2021, Dr. Correa of Beacon held a peer review and determined that the request for Spravato does not meet the medical necessity criteria or Level of Care Guidelines therefore the request was denied. (Hearing Summary, Exhibit 2)
13. On [REDACTED] [REDACTED] 2021, CTBHP denied the request for authorization for Spravato and issued the NOA stating medication requested is denied because it is not the right type, level, amount, or length of care. (Exhibit 2)
14. On [REDACTED] 2021, CTBHP received and reviewed the Medical Necessity Level 1 Appeal. (Exhibit 3: Request for Appeal and Administrative Hearing, Exhibit 4: Medical Necessity Level 1 Appeal)
15. On [REDACTED] 2021, CTBHP issued a Notice of Denial for Medical Necessity Level 1 Appeal. The Notice stated that the information submitted by the Appellant's medical provider indicated that she only had one trial of antidepressant for any measurable time before prescribing Spravato, she was not referred to a more intensive program such as Intensive Outpatient Program, or Partial Hospitalization program for continuation of her treatment, and her clinical symptoms do not meet FDA approved criteria for use of Spravato which include: Treatment-resistant Depression and Acute Suicidal Ideation or behavior. (Exhibit 5: Denial Notice for Level 1 Appeal, Hearing Summary, Statement from Beacon's Medical Director)
16. The issuance of this decision is timely under Connecticut General Statutes § 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] 2021. Therefore, this decision is due not later than [REDACTED] 2021.

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. Connecticut General Statute § 17b-262 provides that the Commissioner may make such regulations as are necessary to administer the medical assistance program. Conn. Gen. Stat.

3. Connecticut General Statute Section §17b-259b (a) provides that 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.
4. Connecticut General Statute Section §17b-259b (b) 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.
5. Connecticut General Statute Section §17b-259b (c) provides that 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.
6. Connecticut General Statute Section §17a-22f(b)] provides that for purposes of this section, the term “clinical management” describes the process of evaluating and determining the appropriateness of the utilization of behavioral health services and providing assistance to clinicians or beneficiaries to ensure the appropriate use of resources and may include, but is not limited to, authorization, concurrent and retrospective review, discharge review, quality management, provider

certification, and provider performance enhancement. The Commissioners of Social Services, Children and Families, and Mental Health and Addiction Services shall jointly develop clinical management policies and procedures.

7. Beacon correctly determined that the Appellant was not on any antidepressant before [REDACTED] 2021.
8. Beacon correctly determined that the Appellant only had one trial of antidepressant before her provider prescribed Spravato.
9. Beacon correctly determined that anti-psychotic or other alternative treatments were not tried.
10. Beacon correctly determined that the Appellant's clinical presentation does not meet the FDA-approved criteria for use of Spravato which include (a) Treatment-Resistance Depression, and (b) Acute suicidal ideation or behavior.
11. Beacon correctly determined that the prior authorization request for Spravato does not meet the definition of Medically Necessary because it is not the appropriate type, level, amount, or length of care for the Appellant.

DECISION

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



Swati Sehgal
Fair Hearing Officer

CC: Rodrick Winstead, DSS, CO
ctbhappeals@beaconhealthoptions.com

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, 165 Capitol Avenue, 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.