

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

[REDACTED] 2022
SIGNATURE CONFIRMATION

CASE # [REDACTED]
CLIENT# [REDACTED]
REQUEST# [REDACTED]

NOTICE OF DECISION
PARTY

[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2022, the Connecticut Dental Health Partnership (“CTDHP”) sent [REDACTED] [REDACTED] (the “Appellant”), a Notice of Action (“NOA”) which denied a request for prior authorization of the replacement of an existing upper partial denture and indicated that the replacement was not medically necessary.

On [REDACTED] 2022, the Appellant requested an administrative hearing to contest the denial of prior authorization of the replacement of an existing upper partial denture due to lack of medical necessity.

On [REDACTED] 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for [REDACTED] 2022.

On [REDACTED] 2022, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held a telephonic administrative hearing. The following individuals participated in the hearing:

Appellant, [REDACTED]
Interpreter, [REDACTED]
CTDHP Representative, Kate Nadeau
CTDHP Dental Consultant, Dr. Vincent Fazzino
Hearing Officer, Joshua Couillard

The hearing record was held open an additional [REDACTED] days, until [REDACTED] 2022, to allow for both CTDHP and the Appellant to submit more information.

STATEMENT OF THE ISSUE

The issue to be decided is whether CTDHP's denial of prior authorization through the Medicaid program for the Appellant's replacement of an existing upper partial denture was in accordance with state law.

FINDINGS OF FACT

1. The Appellant is [REDACTED]-years-old [DOB: [REDACTED] 1961] and is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Exhibit 1: Prior Authorization Claim form, Hearing Record Appellant's Testimony)
2. CTDHP, also known as BeneCare Dental Plans, is the Department's subcontractor for reviewing dental providers' requests for prior authorization of orthodontic treatment. (Hearing Record)
3. On [REDACTED] 2018, Medicaid paid for an upper partial denture for the Appellant. The Appellant also signed an acceptance form acknowledging that she understood the Department's replacement policy. (Appellant's Testimony, Department's Testimony)
4. The Appellant lost her upper partial denture that she received in 2018. (Appellant's Testimony)
5. On [REDACTED] 2022, CTDHP received a prior authorization claim form for a replacement of an upper partial denture from the Appellant's treating provider (the "treating provider"), [REDACTED]. The treating provider commented, "Patient treatment planned for extractions/or has missing teeth, recommend partial dentures. Denture to restore function and occlusion." (Exhibit 1)
6. On [REDACTED], 2022, CTDHP issued a notice to the Appellant which denied the treating provider's request for prior authorization for the replacement of an upper partial denture. CTDHP determined that the treating provider did not provide evidence that the replacement of an upper partial denture was medically necessary. Also, Medicaid had paid for full or partial dentures within the last seven (7) years. (Exhibit 2: NOA)
7. On [REDACTED] 2022, the Appellant submitted an Administrative Hearing Request form. On the form, she wrote that, "The denture are necessary for eating. Their absence causes pain. Any questions contact my dentist at: [REDACTED] [REDACTED] (Exhibit 3: Hearing Request Form)

8. On [REDACTED] 2022, CTDHP completed an administrative review. CTDHP determined that the Appellant had received upper partial dentures, that were paid for by Medicaid, within the seven (7) year time limit as set by state law. CTDHP also determined that there was no evidence of medical necessity provided by a physician to support that an upper partial denture replacement was necessary. CTDHP determined that the replacement of the upper partial denture did not meet the medically necessary criteria set forth by the Department. (Department's Testimony, Exhibit 5: Dental Consultant Grievance Review Record – [REDACTED] 2022)
9. On [REDACTED] 2022, CTDHP issued a Determination Letter to the Appellant which upheld CTDHP's decision to deny the prior authorization claim form for a replacement of an upper partial denture. The letter stated that, "Coverage for the replacement of existing partial or full dentures is not paid by the plans more than once in a 7 year period from the date for which benefits for this service were previously paid, unless deemed medically necessary and medically appropriate by the Department. Evidence was provided that [REDACTED] 2018, was the initial placement date for an upper partial denture. No evidence of medical necessity was provided from the attending physician." (Exhibit 6: Determination Letter)
10. On [REDACTED] 2022, the Appellant submitted a letter from [REDACTED], [REDACTED] to CTDHP. The letter stated that the Appellant, "is being followed by [REDACTED] for primary care. Patient is diabetic with history of pyelonephritis, hyperlipidemia and is in need of a replacement orthodontics appliance as she lost hers and this will help maintain the overall health of her mouth. This will aid in dietary compliance to assist in management of her diabetes." (Exhibit 8: [REDACTED] Letter)
11. On [REDACTED] 2022, CTDHP completed another administrative review. CTDHP determined that the Appellant presented evidence from her primary care or attending physician that she is alert and expected to use the dentures for mastication on a daily basis; presented evidence from her primary care or attending physician which detailed the medical reasons for the replacement; and presented evidence from her primary care or attending physician affirming that the replacement denture(s) will ameliorate a specific condition. Based off this information, CTDHP approved the Appellant's prior authorization claim form for a replacement of upper partial dentures. (Exhibit 9: Dental Consultant Grievance Review Record – [REDACTED] 2022)
12. 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] [REDACTED] 2022. The hearing record was held open an additional [REDACTED] days, until [REDACTED] [REDACTED] 2022, to allow for both CTDHP and the Appellant to submit more information; therefore, this decision was due no later than [REDACTED] 2022.

CONCLUSIONS OF LAW

1. "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." Connecticut General Statutes ("Conn. Gen. Stat.") § 17b-2(6)
2. The Department's Uniform Policy Manual ("UPM") "is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 177 (1994) (citing Conn. Gen. Stat. 17-3f(c) [now 17b-10]; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A. 2d 712(1990))
3. "*Purpose*. The purpose of the Fair Hearing process is to allow the requester of the Fair Hearing to present his or her case to an impartial hearing officer if the requester claims that the Department has either acted erroneously or has failed to take a necessary action within a reasonable period of time." UPM § 1570.05(A)
4. "*Administrative Duties of Fair Hearing Official*. The Fair Hearing official renders a Fair Hearing decision in the name of the Department, in accordance with the criteria in this chapter, to resolve the dispute." UPM § 1570.25(C)(2)(k)

The Appellant requested a Fair Hearing in order to appeal the denial of prior authorization of a replacement of an existing upper partial denture due to lack of medical necessity.

On ██████████ 2022, CTDHP approved and granted the prior authorization for a replacement of an existing upper partial denture.

5. "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).

Subsequent to CTDHP's approval of the Appellant's prior authorization for a replacement of an existing upper partial denture on ██████████ 2022, there is no practical relief that can be afforded through an administrative hearing.

DECISION

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



Joshua Couillard
Fair Hearing Officer

CC: Magdalena Carter, Connecticut Dental Health Partnership, P.O. Box 486,
Farmington, CT 06034
Rita LaRosa, Connecticut Dental Health Partnership, P.O. Box 486,
Farmington, CT 06034

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.