

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

██████████, 2024  
Signature Confirmation

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

**NOTICE OF DECISION**

**PARTY**

████████████████████  
████████████████  
████████████████

**PROCEDURAL BACKGROUND**

On ██████████, 2023, Connecticut Dental Health Partnership (“CTDHP”), a dental subcontractor for the Department of Social Services (the “Department”), sent ██████████ ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying a request for prior authorization for the replacement of an existing Upper Partial Denture.

On ██████████, 2023, the Appellant requested an administrative hearing to contest CTDHP’s denial for the replacement of an existing Upper Partial Denture.

On ██████████, 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2023.

On ██████████, 2023, the Appellant requested to reschedule the administrative hearing.

On ██████████, 2023, the OLCRAH issued a notice rescheduling the administrative hearing for ██████████, 2023.

On ██████████, 2023, in accordance with sections 17b-60, 17-61, and 4-176e to 4-184, inclusive of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals participated in the hearing:

████████████████████, Appellant  
Cindy Ramos, CTDHP Representative  
Dr. Gregory Johnson, CTDHP Dental Consultant  
Joseph Davey, Administrative Hearing Officer

The hearing record was left open until [REDACTED], 2023, for the submission of additional information from the Appellant. On [REDACTED], 2023, CTDHP reviewed the Appellant's dental records and approved the Appellant's previously denied request. The hearing record closed on [REDACTED], 2023, the date CTDHP provided the approval letter.

### **STATEMENT OF THE ISSUE**

The issue is whether CTDHP's denial of prior authorization for the replacement of the Appellant's existing Upper Partial Denture was correct.

### **FINDINGS OF FACT**

1. The Appellant is [REDACTED] ([REDACTED]) years old (DOB [REDACTED]) and is active on Medicaid. (Exhibit 1: [REDACTED] Prior Authorization Claim Form dated [REDACTED], Hearing record, Appellant testimony)
2. On [REDACTED], 2023, CTDHP received a prior authorization request from [REDACTED] [REDACTED] (the "Treating Provider") for the replacement of an existing Upper Partial Denture for the Appellant. (Exhibit 1, Hearing Record)
3. On [REDACTED], 2023, CTDHP sent the Appellant a notice informing her that her request for the replacement of an Upper Partial Denture was denied. CTDHP listed the following reasons for denial: *"There is evidence that your Medicaid Program paid for full or partial denture(s) within the last seven (7) years, There was no evidence provided from your primary care or attending physician that the requested service met the medically necessary/medical necessity care conditions set by the Department."* (Exhibit 2: Notice of Action dated [REDACTED])
4. On [REDACTED], 2023, the Appellant requested an expedited administrative hearing. (Exhibit 3: Expedited hearing request form dated [REDACTED])
5. On [REDACTED], 2023, CTDHP sent the Appellant a letter informing her that her request for an expedited administrative hearing was denied as *"her life is not at risk waiting for a regular hearing."* (Exhibit 4: Expedited hearing denial letter dated [REDACTED])
6. On [REDACTED], 2023, CTDHP received a fax from the Treating Provider containing the Appellant's clinical treatment notes. (Exhibit 5: New London Dental Care LLC fax dated [REDACTED])
7. On [REDACTED], 2023, CTDHP confirmed through the CT Medicaid Archived Claim History Record database that the Department paid for an Upper Partial Denture for the Appellant on [REDACTED], 2019. (Exhibit 7: CT Medicaid Archived Claim History Record dated [REDACTED])

8. On [REDACTED], 2023, CTDHP completed an administrative review of the Appellant's prior authorization request for an Upper Partial Denture. CTDHP determined that *"there was a history of plan payment within the time limitations set by the State of CT/DSS. In addition, there was no evidence presented by a physician stating that this dental treatment (replacement of Upper Partial Denture) is medically necessary."* (Exhibit 8: CTDHP's administrative review dated [REDACTED])
9. On [REDACTED], 2023, CTDHP sent the Appellant a letter upholding the denial of her prior authorization request for the replacement of an Upper Partial Denture. (Exhibit 9: Determination letter dated [REDACTED])
10. On [REDACTED], 2023, an administrative hearing was held. The hearing record was left open until [REDACTED], 2024, for the submission of additional information from the Appellant. (Hearing Record)
11. On [REDACTED], 2023, CTDHP conducted a third appeal review for the Appellant's prior authorization request for replacement of an Upper Partial Denture. CTDHP reviewed the Appellant's existing patient treatment records from the Treating Provider, The CT Medicaid Archived Claim History record, and the prior administrative decision made by CTDHP. (Exhibit 10: Appeal Review letter dated [REDACTED])
12. On [REDACTED], 2023, CTDHP overturned their denial of the Appellant's prior authorization request for an Upper Partial Denture and sent the Appellant a letter notifying her that *"Benecare has determined from this review of the dental records that the previously denied request for replacement of partial denture(s) is now approved."* (Exhibit 10)
13. The issuance of this decision is timely under § 17b-61(a) of the Connecticut General Statutes ("Conn. Gen. Stat."), which provides that the agency shall issue a decision within [REDACTED] days of receipt of a request for a fair hearing. The Appellant requested an administrative hearing on [REDACTED], 2023, with this decision due no later than [REDACTED], 2024. However, the hearing, which was originally scheduled for [REDACTED], 2023, was rescheduled for [REDACTED], 2023, at the request of the Appellant, which caused a ([REDACTED]) day delay. The hearing record was further extended ([REDACTED]) days to allow for the submission of information from the Appellant. Because the total delay of ([REDACTED]) days resulted from the Appellant's request, this decision is not due until [REDACTED], 2024. (Hearing Record)

### **CONCLUSIONS OF LAW**

1. Conn. Gen. Stat. § 17b-2 provides that the Department of Social Services is designated as the state agency for the administration of (6) the Medicaid program pursuant to Title XIX of the Social Security Act.

Regulations of Connecticut State Agencies (“Regs., Conn. State Agencies”) §17b-262-862 to 17b-262-866, inclusive, of the Regulations of Connecticut State Agencies set forth limitations on the extent of non-emergency dental services provided to adults twenty-one years of age and older who receive services under the Connecticut Medicaid program. Such limitations include coverage limits, prior authorization requirements, and services that are not covered under Medicaid. These regulations supplement but do not supplant Department Medical Services Policies for dental services, including but not limited to, provider participation, eligibility, coverage limitations, billing procedures, and payment, to the extent that such policies have the force of law under section 17b-10 of the Connecticut General Statutes.

Regs., Conn. State Agencies §17b-262-863 defines (4) “Dental Services” as any service provided by or under the direct or indirect supervision of a licensed dentist. The licensed dentist assumes the primary responsibility for all dental procedures performed under his or her direct or indirect supervision; (6) “Dentures” or “denture prosthesis” means artificial structures made by or under the direction of a dentist to replace a full or partial set of teeth.

**The Department has the authority to administer the Medicaid program in Connecticut.**

**CTDHP, as the Department’s dental contractor, has the authority to evaluate eligibility for coverage of dental services including dentures.**

2. UPM § 1570.05(A) provides that “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 necessary action within a reasonable period”.

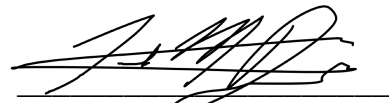
UPM § 1570.25 (C)(2)(k) provides that the Fair Hearing Official renders a Fair Hearing decision in the name of the Department, in accordance with the Department’s policies and regulations, to resolve the dispute.

“When the actions of the parties themselves cause a settling of their differences, a case becomes moot.” McDonnell v. Mah er, 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).

CTDHP overturned their denial of the Appellant's prior authorization request for an Upper Partial Denture after conducting a third appeal review and subsequently approved the Appellant's request for replacement of her Upper Partial Denture. CTDHP correctly issued a notice to the Appellant on [REDACTED], 2023, informing her of the approval. As the administrative hearing was held to contest the denial of the prior authorization request for the replacement of the Appellant's Upper Partial Denture, the issue is no longer in dispute. There is no practical relief that can be offered through an administrative hearing.

### DECISION

The Appellant's appeal is DISMISSED as moot.



Joseph Davey  
Administrative Hearing Officer

Cc: Rita LaRosa, CTDHP, rita.larosa@ctdhp.com  
Magdalena Carter, CTDHP, magdalena.carter@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 the Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105-3725.

### **RIGHT TO APPEAL**

The appellant has the right to appeal this decision to the 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 the Superior Court. A copy of the petition must be served to the Office of the Attorney General, 165 Capitol Avenue Street, Hartford, CT 06106, or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105-3725. A copy of the petition must also be served to all parties of 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 under §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.