

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

■■■■ 2024
Signature Confirmation

Client ID ■■■■
Case ID ■■■■
Request #230839

NOTICE OF DECISION

PARTY

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■■■■

PROCEDURAL BACKGROUND

On ■■■■ ■■■■ 2023, Community Health Network of Connecticut (“CHNCT”) sent ■■■■ ■■■■ (the “Appellant”) a Notice of Action (“NOA”) denying her provider’s request for authorization for a panniculectomy.

On ■■■■ ■■■■ 2024, the Appellant requested an administrative hearing to contest the CHNCT’s decision to deny the prior authorization request.

On ■■■■ ■■■■ 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ■■■■ ■■■■ 2024.

On ■■■■ ■■■■ 2024, the Appellant requested a continuance which OLCRAH granted.

On ■■■■ ■■■■ 2024, the OLCRAH issued a notice scheduling the administrative hearing for ■■■■ ■■■■ 2024.

On ■■■■ ■■■■ 2024, 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 for the hearing:

■■■■ ■■■■ Appellant
Robin Goss, RN, CHNCT Representative
Lisa Nyren, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT's [REDACTED] [REDACTED] 2023 denial of prior authorization through the Medicaid program for a panniculectomy as not medically necessary, was in accordance with state law.

FINDINGS OF FACT

1. The Appellant is a participant in the Medicaid program as administered by the Department of Social Services (the "Department"). (Hearing Record)
2. Community Health Network of Connecticut ("CHNCT") is the Department's medical administrative services organization responsible for medical case management under Medicaid which includes review of medical requests for prior authorization. (CHNCT Representative Testimony)
3. In 2016, the Appellant underwent Roux-en-Y gastric bypass weight-loss surgery. Prior to surgery, the Appellant weighed 222 pounds. The Appellant has maintained her weight loss. As of [REDACTED] [REDACTED] 2023, the Appellant weighed 144 pounds. (Hearing Record)
4. On [REDACTED] [REDACTED] 2023, the Appellant met with [REDACTED] ("Doctor of Pharmacy") via telehealth visit for follow-up. The Doctor of Pharmacy reviewed with the Appellant her current medications which include the following: weekly Trulicity injection for hypoglycemia, Magnesium Oxide for headaches, Levocetirizine for seasonal allergies, hydrocortisone for redness at injection site, NuvaRing for hormone therapy, Nurtec as needed for headaches, and EpiPen for NSAID allergy. The Appellant reported the development of small welts/rash near injection site to the Doctor of Pharmacy. The rash appears approximately two hours after she administers Trulicity. The Appellant applies over the counter ("OTC") hydrocortisone cream directly on the rash for two days before the rash clears up and disappears. (Exhibit 11: Member Medical Records and Appellant Testimony)
5. On [REDACTED] [REDACTED] 2023, the Appellant met with [REDACTED] ("APRN") at her primary care physician's office for follow-up. The APRN noted a large hive with redness on left lower abdomen and ordered a medication change from Trulicity to Ozempic. A review of systems notes positive for diaphoresis (sweating) and fatigue and voice change (hoarseness) at times. Physical exam notes skin as warm and dry, not pale, and no lesion or rash. (Exhibit 11: Member Medical Records)
6. On [REDACTED] [REDACTED] 2023, the Appellant met with [REDACTED], ("PCP"), the Appellant's Primary Care Physician via telehealth visit to

request a referral to [REDACTED], ("Plastic Surgeon") a plastic surgeon for removal of pannus due to development of recurrent rash. (Exhibit 12: Member Medical Records)

7. The Appellant complains of recurrent itchy rash and hives in the folds of her abdomen that is exacerbated in the warm weather. The area retains moisture resulting in a rash and an unpleasant odor. The Appellant has tried OTC creams and powders with cornstarch which have helped to resolve the rash after a few days but has not prevented the rash. (Appellant Testimony)
8. The rash occurs more often in the summer due to the heat and occurs after exercise. The Appellant showers immediately after exercise to reduce the occurrence of a rash which has helped. The Appellant has made adjustments in her clothing to combat the rash, such as wearing undergarments to absorb moisture. (Appellant Testimony)
9. On [REDACTED] [REDACTED] 2023, the Appellant met with the Plastic Surgeon to discuss a panniculectomy, the removal of excess lower abdominal skin, due to recurring rashes. The Plastic Surgeon diagnosed a grade 1 pannus that hangs approximately 3 centimeters below the upper portion of the pubic bone. The Plastic Surgeon found excess moisture, but no intertrigo or rashes. (Exhibit 1: Prior Authorization Request)
10. On [REDACTED] [REDACTED] 2023, CHNCT received a prior authorization request from the Plastic Surgeon requesting approval for a panniculectomy on behalf of the Appellant. The Appellant's primary diagnosis is panniculitis. The Plastic Surgeon found excess skin of anterior abdomen primarily, some lateral thighs and some buttock. The Plastic Surgeon notes large circumference of thighs with excess skin, grade 1 pannus that hangs approximately 3 centimeters below upper portion of pubic bone. The Plastic Surgeon notes the Appellant a candidate for panniculectomy due to excess skin and moisture and nonresponsive to conservative treatment. The Plastic Surgeon submitted photos of the Appellant's pannus. (Exhibit 1: Prior Authorization Request)
11. A panniculectomy is a surgical procedure to remove excess lower abdominal hanging fat and skin. To be considered medically necessary, the lower abdominal skin must hang below the pubic bone. (CHNCT Representative Testimony and Exhibit 13: Medical Review Request)
12. On [REDACTED] [REDACTED] 2023, CHNCT reviewed the prior authorization request for the panniculectomy and photographs of the Appellant's abdomen. CHNCT determined the panniculectomy as not medically necessary because the Appellant has a grade 1 pannus. CHNCT denied the Plastic Surgeon's prior authorization request for a panniculectomy listing the

reason for denial as “not based on assessment of [member] and their condition.” (Exhibit 2: Medical Review)

13. On [REDACTED] [REDACTED] 2023, CHNCT issued a Notice of Action for Denied Services or Goods to the Appellant informing her that the plastic surgeon’s prior authorization request for a panniculectomy has been denied as not medically needed. CHNCT listed the reason for denial as not medically necessary because “it is not based upon an assessment of your specific medical condition.” CHNCT writes in part, The information submitted by your provider does not show the medical need for this request. A panniculectomy could be considered medically needed if the pannus hangs below your pubic bone. Your medical record shows you had weight loss but does not show that your pannus hangs below your pubic bone. (Exhibit 3: Notice of Action)
14. On [REDACTED] [REDACTED] 2024, the Appellant filed an appeal with CHNCT to reconsider their decision to deny the prior authorization request for a panniculectomy. (Exhibit 4: Appeal Request)
15. On [REDACTED] [REDACTED] 2024, CHNCT issued a notice to the Appellant confirming receipt of her appeal request. CHNCT notified the Appellant to submit any additional medical documentation supporting her appeal to CHNCT. (Exhibit 5: Acknowledgement Letter)
16. On [REDACTED] [REDACTED] 2024, CHNCT requested additional medical information from the Plastic Surgeon and PCP. (Exhibits 6 and 7: Medical Record Requests)
17. On [REDACTED] [REDACTED] 2024, CHNCT requested additional medical information from the PCP. (Exhibit 8: Medical Record Request)
18. On [REDACTED] [REDACTED] 2024 and [REDACTED] [REDACTED] 2024, CHNCT requested additional medical information from the Plastic Surgeon. (Exhibit 9 and 10: Medical Record Requests)
19. The Plastic Surgeon and PCP did not submit any additional medical information to CHNCT. (Hearing Record)
20. On [REDACTED] [REDACTED] 2024, CHNCT received additional medical records from the Appellant that included the [REDACTED] [REDACTED] 2023 telehealth visit with the Doctor of Pharmacy, the [REDACTED] [REDACTED] 2023 progress notes with the APRN, and the [REDACTED] [REDACTED] 2023 telehealth visit with the PCP. Refer to Finding of Facts (“FOF”) # 4, 5, & 6. (Exhibit 11 and 12: Member Medical Records)
21. On [REDACTED] [REDACTED] 2024, CHNCT requested a clinical review of the prior authorization request for a panniculectomy from MCMC. CHNCT

submitted the prior authorization request and InterQual guidelines for review. CHNCT writes:

1. Based on the information presented, is the requested panniculectomy considered medically necessary for this member in accordance with InterQual guidelines for Panniculectomy, and the DSS Definition of Medical Necessity provided above. Please address and comment. Please run the case through the InterQual Criteria for Panniculectomy addressing met/not met.
2. Based on the information presented, is the requested panniculectomy medically necessary based on current standard of care, society guidelines, peer-reviewed literature? List citations/references utilized in the decision.
3. Please address the medical necessity for panniculectomy and provide comments of why or why not medically necessary for this member.

(Exhibit 13: Medical Review Request)

22. InterQual Criteria is a screening tool to assist in the determination whether the proposed medical procedure(s), specifically abdominal panniculectomy, is clinically appropriate. InterQual Criteria for an abdominal panniculectomy are as follows:

1. Choose One:
 - A. Post bariatric procedure and \geq Grade 2* panniculus or panniculus extends below the level of the symphysis pubis
 - B. Massive weight loss without bariatric surgery and \geq Grade 2* panniculus or panniculus extends below the level of symphysis pubis
 - C. No massive or significant weight loss or bariatric surgery and \geq Grade 2* panniculus or panniculus extends below the level of the symphysis pubis
 - D. To be performed in conjunction with abdominal or gynecological surgery
 - E. Other clinical information (add comment)
2. Choose all that apply:
 - A. \geq 1 year since bariatric surgery
 - B. Body mass index (BMI) $<$ 30 kg/m²
 - C. Weight loss \geq 100 lbs. (45.36 kg)
 - D. Other clinical information (add comment)
3. Weight stable for \geq 6 months
 - A. Yes
 - B. No
4. Choose all that apply:
 - A. Panniculus causes limitations in ambulation or physical activity
 - B. Panniculus interferes with ADLs

- C. Nonhealing ulceration under panniculus
 - D. Chronic maceration or necrosis of overhanging skin folds
 - E. Recurrent or persistent skin infection under panniculus
 - F. Intertriginous dermatitis or cellulitis or panniculitis
 - G. Other clinical information (add comment)
5. Choose all that apply:
 - A. Local or systemic antibiotic treatment ≥ 12 weeks
 - B. Topical or systemic corticosteroid treatment ≥ 12 weeks
 - C. Topical antifungal medication treatment ≥ 12 weeks
 - D. Other clinical information (add comment)
 6. Continued symptoms or findings after treatment
 - A. Yes
 - B. No
 7. Choose all that apply
 - A. Body mass index (BMI) < 30 kg/m²
 - B. Weight loss ≥ 100 lbs. (45.36 kg/m²)
 - C. Other clinical information (add comment)

*The severity of a panniculus is graded as:

Grade 1: Panniculus covers hairline and mons pubis but not the genitals

Grade 2: Panniculus covers genitals and upper thigh crease

Grade 3: Panniculus covers upper thigh

Grade 4: Panniculus covers mid-thigh

Grade 5: Panniculus covers knees and below

“A Panniculectomy would only be appropriate for resection of a large panniculus which, for the purposes of these criteria, is defined as a panniculus which extends below the level of the symphysis pubis or at least Grade 2.”

(Exhibit 13: Medical Review Request and CHNCT Representative’s Testimony)

23. Based on the Department’s definition of medical necessity and InterQual policy guidelines, the MCMC upheld the denial of the prior authorization request for a panniculectomy. MCMC found the Appellant met some parts of InterQual criteria which included 1 year since bariatric surgery, body mass index less than 30 kg/m², weight loss of more than 100 pounds, and weight stable for six months, but failed to meet a grade 2 or more pannus. MCMC found the requested panniculectomy as not medically necessary in accordance with InterQual Guidelines and the DSS definition of medically necessary. MCMC determined there is no documentation of a timeline of rashes to support InterQual criteria for greater than 12-week treatment time frame and no objective documentation that supports the Appellant has tried actual ointments, barrier creams, or any other objective

medications that have helped her reported persistent rash under the pannus. (Exhibit 13: Medical Review Request)

24. On [REDACTED] [REDACTED] 2024, CHNCT upheld their initial denial of the prior authorization request for a panniculectomy citing no physical exam findings or medical records over time that support active recurrent and persistent rashes that failed to respond to medical treatment and the medical documentation supports a grade 1 pannus, not grade 2 as required. (Exhibit 14: Medical Review)
25. On [REDACTED] [REDACTED] 2024, CHNCT issued a notice of denial to the Appellant. The notice stated that your appeal to the Husky Health Program of the denial of authorization of panniculectomy was processed and the denial was upheld. CHNCT cites the principal reason to uphold the denial is that the information submitted does not support the medical necessity for the requested panniculectomy because a panniculectomy could be considered medically needed if your pannus hangs below your pubic bone. The medical records provided do not show the pannus hangs below the pubic bone and therefore it is denied as not being medically necessary. Additionally, medical records provided do not support that there have been active recurrent or persistent rashes under the pannus that have failed to respond to medical treatment. The denial is based on Connecticut General Statute 17b-259(a)(5). (Exhibit 15: Determination Letter)
26. 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] 2024. However, the hearing which was originally scheduled for [REDACTED] [REDACTED] 2024 was rescheduled at the request of the Appellant causing a [REDACTED]-day delay. Because this [REDACTED]-day delay resulted from the Appellant's request, this decision is due not later than [REDACTED] [REDACTED] 2024, and therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the 2024 Supplement to the Connecticut General Statutes ("Conn. Gen. Stat.") provides as follows:

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.

“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

2. State statute provides as follows:

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)

Section 17b-262-527 of the Regulations of Connecticut State Agencies (“Regs., Conn. State Agencies”) provides as follows:

The Department shall review the medical appropriateness and medical necessity of medical goods and services provided to Medical Assistance Program clients both before and after making payment for such goods and services.

“Clinical policies, medical policies, 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.” Conn. Gen. Stat. § 17b-259b(b)

State statute provides as follows:

The Department of Social Services shall amend or repeal any definitions in the regulations of Connecticut state agencies that are inconsistent with the definition of medical necessity provided in subsection (a) of this section, including the definitions of medical appropriateness and medically appropriate, that are used in administering the department's medical assistance program. The commissioner shall implement policies and procedures to carry out the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal not later than twenty days after implementation. Such policies and procedures shall be valid until the time the final regulations are adopted.

Conn. Gen. Stat. § 17b-259b(d)

3. State regulation provides as follows:

Sections 17b-262-337 to 17b-262-349, inclusive, of the Regulations of Connecticut State Agencies, set forth the Department of Social Services requirements for payment of accepted methods of treatment performed by or under the personal supervision of licensed physicians for clients who are determined eligible to receive services under Connecticut's Medicaid Program pursuant to section 17b-261 of the Connecticut General Statutes.

Regs., Conn. State Agencies § 17b-262-337

4. State regulation provides as follows:

For the purposes of sections 17b-262-337 to 17b-262-349, inclusive, of the Regulations of Connecticut State Agencies, the following definitions shall apply:

"Billing provider means a physician, physician group or other entity enrolled in Medicaid that bills the department for physicians' services." Regs., Conn. State Agencies § 17b-262-338(6)

"ICD means the International Classification of Diseases established by the World Health Organization or such other disease classification system that the department currently requires providers to use when submitting Medicaid claims." Regs., Conn. State Agencies § 17b-262-338(23)

"Medical necessity or medically necessary has the same meaning as provide in section 17b-259b of the Connecticut General Statutes." Regs., Conn. State Agencies § 17b-262-338(32)

Physicians' services mean services that are billed by the billing provider and are provided:

1. By an individual physician who is also the billing provider;
2. By a physician who is employed by or affiliated with the billing provider;
or
3. By an AHP working under the personal supervision of a physician who is employed by or affiliated with the billing provider.

Regs., Conn. State Agencies § 17b-262-338(46)

"Prior authorization means approval for the provision of a service or the delivery of goods from the department before the provider actually provides the service or delivers the goods." Regs., Conn. State Agencies § 17b-262-338(47)

5. "Payment to a billing provider for physicians' services billed by the billing provider shall be available on behalf of clients who have a need for such services, provided such services are medically necessary, subject to the conditions and limitations which apply to these services." Regs., Conn. State Agencies § 17b-262-340

6. State regulation provides as follows:

The Department shall pay billing providers for the following physicians' services:

Those procedures that are medically necessary to treat the client's condition;

Physicians' services provided in an office, a general hospital, the client's home, a chronic disease hospital, nursing facility, ICF/MR or other medical care facility;

Surgical services necessary to treat morbid obesity as defined by the ICD that causes or aggravates another medical illness, including illnesses of the endocrine system or the cardio-pulmonary system, or physical trauma associated with the orthopedic system.

Regs., Conn. State Agencies § 17b-262-341(1), (2), & (9)

- State regulation provides as follows:

The department shall not pay for the following goods or services or goods or services related to the following:

Cosmetic surgery;

Services to treat obesity other than those described in section 17b-262-341(9) of the Regulations of Connecticut State Agencies;

Any procedures or services of an unproven, educational, social, research, experimental or cosmetic nature; any diagnostic, therapeutic or treatment services in excess of those deemed medically necessary by the department to treat the client's condition or services not directly related to the client's diagnosis, symptoms or medical history.

Regs., Conn. State Agencies § 17b-262-342(4), (11), & (12)

7. State regulation provides as follows:

Prior authorization, on forms and in the manner specified by the department, is required in order for payment to be available for the following physicians' services. Prior authorization is also required for services designated by the department and published on its website or by other means accessible to providers. (4) reconstructive surgery, including breast reconstruction following mastectomy. (5) plastic surgery. (8) any service or device that is not on the department's fee schedule.

Regs., Conn. State Agencies § 17b-262-344(a)

Except in emergency situations, the provider shall receive prior authorization before rendering services.

In order to receive payment from the department, a billing provider shall comply with all prior authorization requirements. The department, in its sole discretion, determines what information is necessary in order to approve a prior authorization request. Prior authorization does not guarantee payment unless all other requirements for payment are met.

Regs., Conn. State Agencies § 17b-262-344(f) & (h)

8. State regulation provides as follows:

Sections 17b-262-522 through 17b-262-532, inclusive, of the Regulations of Connecticut State Agencies set forth the Department of Social Services general requirements to which providers of Medical Assistance Program goods and services shall adhere in order to participate in, and receive payment from, the Connecticut Medical Assistance Program pursuant to section 17b-262 of the Connecticut General Statutes.

Regs., Conn. State Agencies § 17b-262-522

9. State regulation provides as follows:

For prior authorization, to determine medical appropriateness and medical necessity, shall be required as a condition of payment for certain Medical Assistance Program goods or services as set forth in the regulations of the department governing specific provider types and specialties. The department shall not make payment for such goods and services when such authorization is not obtained by the provider of the goods or services.

Regs., Conn. State Agencies § 17b-262-528(a)

“Prior authorization means approval for the provision of a service or delivery of goods from the department before the provider actually provides the service or delivers the goods.” Regs., Conn. State Agencies § 17b-262-523(20)

Type and specialty mean the department's categorization of Medical Assistance Program providers according to the type and specialty of the goods or services furnished by the provider.” Regs., Conn. State Agencies § 17b-262-523(29)

State regulation provides as follows:

In order to receive payment from the department a provider shall comply with all prior authorization requirements. The department in its sole discretion determines what information is necessary in order to approve a prior authorization request. Prior authorization does not, however, guarantee payment unless all other requirements for payment are met.

Regs., Conn. State Agencies § 17b-262-528(d)

“Coverable Medical Assistance Program goods or services requiring prior authorization may be so identified on the department's applicable fee schedule or identified in regulation. Regs., Conn. State Agencies § 17b-262-528(e)

“Coverable Medical Assistance Program good or service” means any good or service which is payable by the Medical Assistance Program under its regulations.” 17b-262-523(7)

State regulation provides as follows:

Payment, by the Department, to all providers shall be limited to medically appropriate and medically necessary goods or services furnished to Medical Assistance Program clients. The following payment limitations

shall also apply: the department shall not pay for any procedures, goods, or services of an unproven, educational, social, research, experimental, or cosmetic nature; for any diagnostic, therapeutic, or treatment goods or services in excess of those deemed medically necessary and medically appropriate by the department to treat the client's condition; or for services not directly related to the client's diagnosis, symptoms, or medical history.

Regs., Conn. State Agencies § 17b-262-531(g)

10. State statute provides as follows:

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.

Conn. Gen. Stat. § 17b-259b(c)

11. CHNCT correctly determined the panniculectomy as not medically necessary for the Appellant. The Appellant's chief complaint is chronic and persistent rashes and an unpleasant odor under the panniculus from moisture and sweat that builds up due to the excess skin hanging from the abdomen as a result of weight loss.

On [REDACTED] [REDACTED] 2023, the Appellant reported the development of a rash near the Trulicity injection site appears approximately 2 hours after injection at her telehealth visit with the Doctor of Pharmacy. On [REDACTED] [REDACTED] 2023, the APRN noted a large hive on the Appellant's lower abdomen, but no rash, and switched the Appellant's injection medication from Trulicity to Ozempic. On [REDACTED] [REDACTED] 2023, the Appellant met with the Plastic Surgeon to discuss a panniculectomy after requesting the referral from her PCP on [REDACTED] [REDACTED] 2023. The Plastic Surgeon did not find intertrigo or a rash. Testimony provided by the Appellant supports OTC creams and powders with cornstarch have treated the rash successfully over the course of a few days and showering after exercise or more often in the warm weather has helped to reduce the occurrences of the rashes. The medical documentation does not support a *persistent and chronic* rash, hygiene issues, ulcers, infections, or other issues related to the excess skin which limits the Appellant's everyday activities of daily living. The hearing record failed to establish a chronic and persistent rash that has not responded to non-surgical treatments and failed to establish a functional impairment which interferes with

the patient's everyday activities to support the need for the surgical procedure.

On [REDACTED] [REDACTED] 2023, CHNCT was correct to deny the prior authorization request for a panniculectomy because the procedure failed to meet the medical necessity and medically necessary criteria in accordance with state statutes and regulations.

DECISION

The Appellant's appeal is denied.

Lisa A. Nyren
Lisa A. Nyren
Fair Hearing Officer

CC: Robin Goss, CHNCT, appeals@chnct.org
Fatmata Williams, DSS, CO

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.