

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

██████████ 2016
Signature Confirmation

Client ID # ██████████
Request # 789606

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2016, Ascend Management Innovations LLC, (“Ascend”) the Department of Social Services’ (“Department”) vendor that administers approval of nursing home care, sent ██████████ (“the Appellant”) a notice stating that he does not meet the level of care criteria to reside in a nursing facility.

On ██████████ 2016 (“Appellant”), requested an administrative hearing to contest Ascend’s decision.

On ██████████ ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing at ██████████ ██████████ ██████████ ██████████. The following individuals were present at the hearing:

██████████, Appellant
Meaghan Fonseca, Social Services Representative (████████████████████)
Melissa Vivo, Administrator (████████████████████)
Melissa Sharlow, ADNS (████████████████████)
Charles Bryan, RN Dept. of Social Services
Patricia Jackowski, RN MA CNC, Dept. of Social Services

Jaime Johnson, RN, Ascend
Almelinda McLeod, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Ascend's decision that the client does not meet the skilled nursing level of care criteria for a long term placement was correct.

FINDINGS OF FACT

1. On [REDACTED] 2015, the Appellant was admitted to [REDACTED] from [REDACTED] Hospital. A Level 1 pre-admission was completed. The Appellant was approved by Ascend for a 60 day short term stay, which expired on [REDACTED] 2015. (Exhibit #3, Hearing Summary)
2. The Appellant's diagnosis upon admittance was: Hyponatremia, Alcohol Ketosis, Hypokalemia, Clostridium difficile Colitis, Hyper tension, Diabetes Type II, Hyperlipidemia, Alcohol Abuse and Anxiety, Epilepsy, .Muscle weakness. (Exhibit #3, Hearing summary and Exhibit 6, level of Care determination form)
3. The Activities of Daily Living ("ADL") Measures include bathing, dressing, eating, toileting, continence, transferring and mobility. (Exhibit # 4, Connecticut ADL Measures and Measurements).
4. The Appellant is 61 years old (DOB [REDACTED]/55) residing in a nursing Facility and active on Medicaid. (Exhibit 6, Level of Care Determination Form)
5. The Appellant current medications include Levemir, Novolog, Aspirin, Finasteride, Methylpred, Montelukast, Phenytoin, Tamsulosin, Thera tab, Carvedilol, Senna S tab, Dilantin, Claritin. (Exhibit 9, Medication Administration record)
6. The Appellant has applied and has been approved for the Money Follows the Person program ("MFP"). (Appellant and Regal Care of Prospect's testimony)
7. The Appellant is fully oriented to self, place, time and situation. (Record)
8. In previous LOC evaluations submitted by [REDACTED], the Appellants ADL supports include hands on assistance with bathing, dressing, toileting, and transferring; supervision with eating/ feeding, mobility and continence and supervision or physical assistance with

multiple components of meal preparation. A series of temporary short term stays were approved by Ascend. (Hearing Summary)

9. On [REDACTED] 2016, [REDACTED] submitted LOC evaluation to Ascend describing the Appellant's current activities of daily living ("ADL") supports requiring limited minimal assistance of one for bathing and dressing. Supervision and set-ups for toileting. Level 1 screen completed resulting in a required medical onsite assessment. (Exhibit 3, Hearing summary)
10. On [REDACTED] 2016, a medical onsite assessment review was completed. The ADL needs show the Appellant independent in 5 out of 7 ADL's and needed limited minimal assistance of one person in Bathing and Dressing. (Hearing summary)
11. On [REDACTED] 2016 Susan Rieck MD, the Medical Director for Ascend reviewed all medical records and concluded that a nursing facility was not medically necessary for the Appellant as he no longer required the continuous and intensive nursing care provided in a nursing home. (Hearing summary)
12. On [REDACTED] 2016, Ascend issued a notice of action to the Appellant and to the nursing facility indicating that the Appellant's level of care in a nursing facility was not medically necessary. (Exhibit 5, Notice of Action notice)

CONCLUSIONS OF LAW

1. Section 17b-2 (6) of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Conn. Agencies Regulations Section §17b-262-707 (a). State regulations provide that "the department shall pay for an admission that is medically necessary and medically appropriate as evidence by the following:
 - (1) certification by a licensed practitioner that a client admitted to a nursing facility meets the criteria outlined in section 19-13 –D8t(d) (1) of the Regulations of Connecticut State Agencies. This certification of the need for care shall be made prior to the department's authorization of payment. The licensed practitioner shall use and sign all forms specified by the department;
 - (2) the department's evaluation and written authorization of the client's need for nursing facility services as ordered by the licensed practitioner;

(3) a health screen for clients eligible for the Connecticut Home Care Program for Elders as described in section 17b-342-4 (a) of the Regulations for Connecticut State Agencies;

(4) a preadmission MI/MR screen signed by the department; or an exemption form, in accordance with 42 CFR 483.106 (b), as amended from time to time, for any hospital discharge , readmission or transfer for which a preadmission MI/MR screen was not completed; and

(5) a preadmission screening level II evaluation for any individual suspected of having mental illness or mental retardation as identified by the preadmission MI/MR screen.

3. Conn. Agencies Regs. §19-13-D8t (d) (1) (A) State regulations provide that "Patients shall be admitted to the facility only after a physician certifies the following:

(i) That a patient admitted to a chronic and convalescent nursing home has uncontrolled and / or unstable conditions requiring continuous skilled nursing services and/ or nursing supervision or has a chronic condition requiring substantial assistance with personal care, on a daily basis.

4. Section 17b-259b of the Connecticut General Statutes states that "Medically necessary" and "medical necessity" defined. Notice of denial of services. Regulations.

(a) 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.


(b) 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.

(c) 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.

5. Ascend correctly used clinical criteria and guidelines solely as screening tools.
6. Ascend correctly determined that the Appellant is independent with five out of seven ADLS.
7. Ascend correctly determined that the Appellant does not have a chronic medical condition requiring continuous skilled nursing services nor needs substantial assistance with personal care on a daily basis. The Appellant's needs can be met through a combination of medical and psychiatric and social services in a less restrictive community setting.
8. Ascend correctly determined it is not clinically appropriate that the Appellant reside in a nursing facility.
9. Ascend correctly determined that nursing facility services are not medically necessary for the Appellant, because his medical needs could be met with services offered in the community.
10. Ascend correctly determined that it is not medically necessary for the Appellant to reside in a skilled nursing facility.

DECISION

The Appellant's appeal is DENIED



Almelinda McLeod
Hearing Officer

CC: Kathy Bruni, Manager , Alternate Care Unit, DSS, Central Office
Melissa Vivo, Administrator, Regal Care at Prospect
Meaghan Fonseca, Social Services, Regal Care at Prospect
Melissa Sharlow, ADNS, Regal Care at Prospect
Charles Bryan, RN, CNC ,Alternate Care Unit, DSS, Central Office
Patricia Jackowski, RN, CNC, Alternate Care Unit, DSS, Central Office
Jamie Johnson, Ascend a Maximus Company

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 06105-3725.

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 06105-3725. 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.