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

2018 Signature Confirmation

Client ID # Request # 111607

## NOTICE OF DECISION

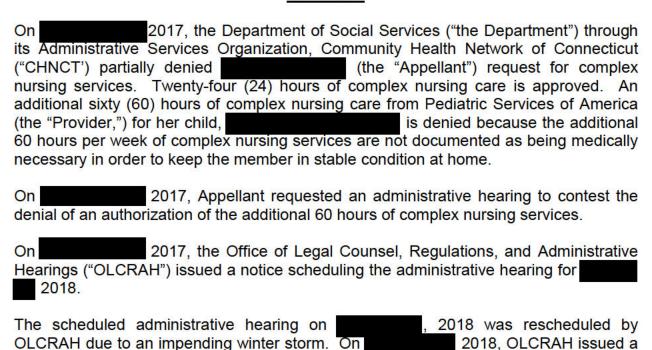
## **PARTY**



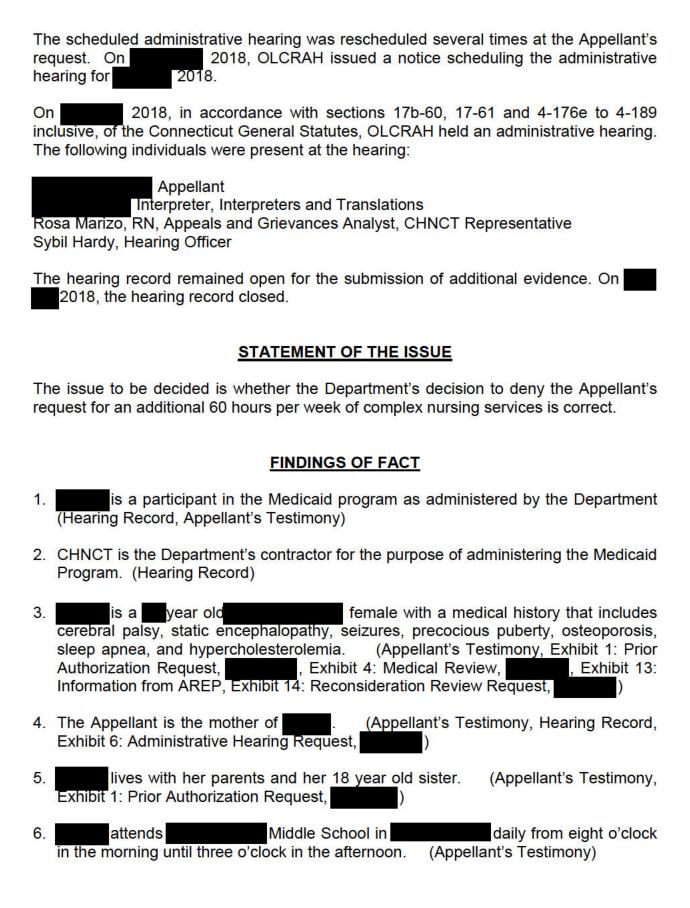
notice scheduling the administrative hearing for

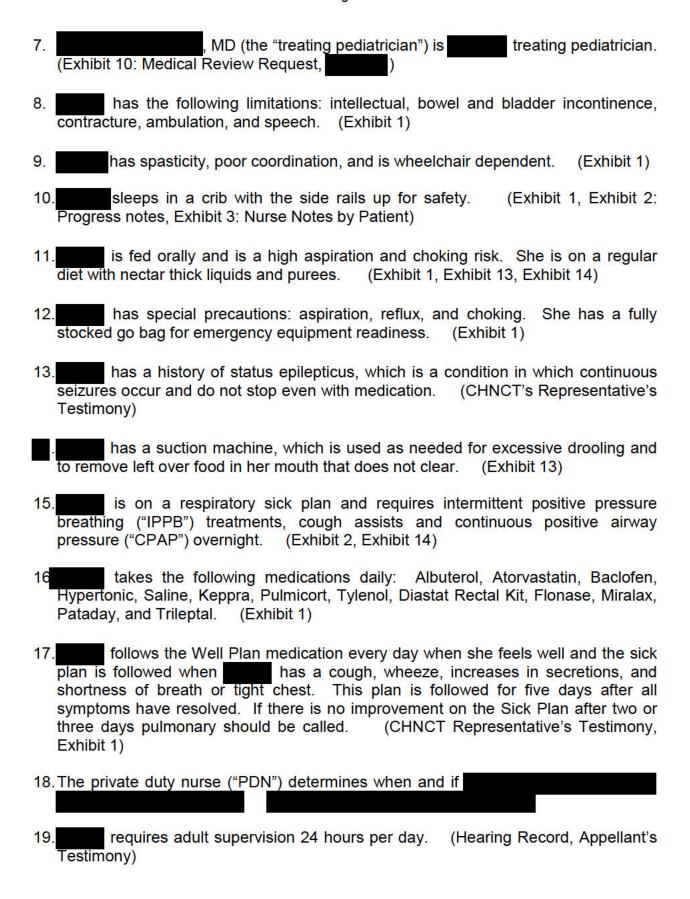
# PROCEDURAL BACKGROUND

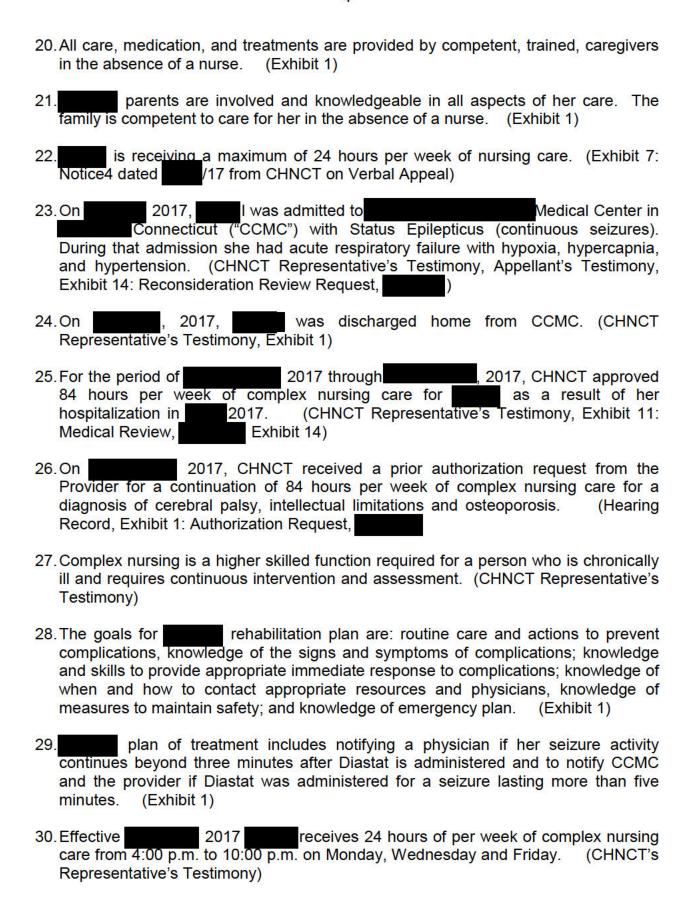
#### DECISION

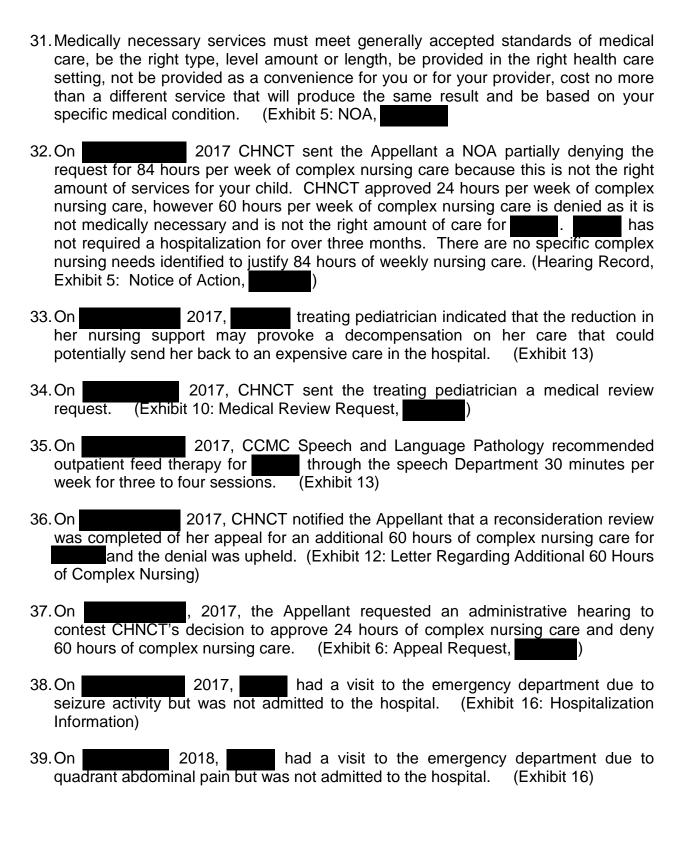


2018.









# **CONCLUSIONS OF LAW**

- Section 17b-2 of the Connecticut General Statutes in part designates the Department as the state agency to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
- 2. The Commissioner may make such regulations as are necessary to administer the medical assistance program. Conn. Gen. Stat. § 17b-262.
- 3. For the purposes of the administration of the medical assistance programs by the Department, "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)
- 4. There is no evidence that requires the additional complex nursing hours to ensure that she does not end up back in the hospital.
- 5. Based on conclusions of law 4, CHNCT was as correct when it denied the prior authorization for an additional 60 hours per week of complex nursing care hours for because these hours are not documented as being medically necessary in order to keep in stable condition at home.
- 6. CHNCT was correct to deny prior authorization for 60 additional hours of extended complex nursing services as not medically necessary for because it is not clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the 'illness, injury or disease.

#### DISCUSSION

CHNCT denied the Appellant's request for 60 additional hours of extended complex nursing services because it is not clinically appropriate in terms and type. CHNCT

indicates that complex nursing is a higher skilled function required for a person who is chronically ill and requires continuous intervention and assessment. It medical condition is chronic and now requires management with medication and intervention but does not require continuous intervention and assessment. The evidence indicates that she does not require 84 hours of complex nursing care per week because it is clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the illness, injury or disease.

If requires additional hours of care, the Appellant should request a provider type other than complex nursing.

# **DECISION**

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

Hearing Office

Pc: appeals@chnct.org Fatmata Williams

## 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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> 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, 55 Elm Street, 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.