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

[redacted], 2025
Signature confirmation

Case: [redacted]
Client: [redacted]
Request: 257897

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted], 2025, the Connecticut Dental Health Partnership ("CTDHP"), the Department of Social Services' contractor, issued [redacted] (the "Appellant") a *Notice of Action* denying prior authorization of orthodontic services for [redacted] (the "child"), her minor child.

On [redacted] 2025, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") received the Appellant's [redacted], 2025 postmarked request for an administrative hearing.

On [redacted], 2025, the OLCRAH scheduled an administrative hearing for [redacted] 2025. The OLCRAH granted the Appellant's request to reschedule the hearing to a later date.

On [redacted] 2025, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing by telephone conferencing. The following individuals participated:

[redacted], Appellant (mother)
Rosario Montessa, CTDHP Representative
Benson Monastersky, DMD, CTDHP Witness
Eva Tar, Hearing Officer

The record closed [redacted] 2025.

STATEMENT OF ISSUE

The issue is whether CTDHP's denial of prior authorization for the child's orthodontic services for lack of medical necessity is supported by State statute and regulation.

FINDINGS OF FACT

1. The child's date of birth is [redacted]. (Appellant Testimony)

2. The child has coverage through HUSKY Health. (CTDHP Exhibit 4)

3. The child has a diagnosis of ADHD [Attention Deficit/Hyperactivity Disorder]. (Appellant Testimony)

4. ADHD is a recognized diagnosis in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR).

5. The child receives therapy from a family therapist; the child has not been treated by a psychiatrist or psychologist. (Appellant Testimony)

6. The child is adjusting well with his medication regimen. (Appellant Testimony)

7. CTDHP is a contractor for reviewing prior authorization claims for the Department of Social Services. (CTDHP Representative Testimony)

8. On [redacted], 2025, CTDHP received a request from [redacted] (the "orthodontist") of [redacted] for prior authorization of the child's orthodontic services. (CTDHP Exhibits 1 and 2)

9. On [redacted] 2025, the orthodontist scored the severity of the child's malocclusion to equal 14 points on a *Preliminary Handicapping and Malocclusion Assessment Record*. (CTDHP Exhibit 2)

10. Benson Monastersky, DMD (the "first reviewer") and Robert Gange, DMD (the "second reviewer") are CTDHP consultants. (CTDHP Exhibits 3 and 6) (CTDHP Witness Testimony)

11. On [redacted], 2025 and [redacted] 2025, the first reviewer and the second reviewer independently reviewed the child's medical records as submitted by the orthodontist and scored the severity of the child's malocclusion to equal 14 points and 15 points respectively on the *Preliminary Handicapping and Malocclusion Assessment Record.* (CTDHP Exhibits 3 and 6)

12. There are no deviations affecting the child's mouth and underlying structures that if left untreated would cause irreversible damage to the child's teeth and underlying structures. (CTDHP Witness Testimony)(CTDHP Exhibits 3 and 6)

13. On [redacted], 2025 and [redacted] 2025, CTDHP issued a *Notice of Action* to the Appellant denying the orthodontist's request for prior authorization of the child's orthodontic services. (CTDHP Exhibits 4 and 7)

14. Connecticut General Statutes § 17b-61 (a) provides: "The Commissioner of Social Services or the commissioner's designated hearing officer shall ordinarily render a final decision not later than ninety days after the date the commissioner receives a request for a fair hearing pursuant to section 17b-60, …, provided the time for rendering a final decision shall be extended whenever the aggrieved person requests or agrees to an extension, or when the commissioner documents an administrative or other extenuating circumstance beyond the commissioner's control…."

    On [redacted] 2025, the OLCRAH received the Appellant's hearing request; the OLCRAH granted a five-day postponement of the original hearing date of [redacted] 2025. This hearing decision would have become due no later than [redacted] 2025. This final decision is timely.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department of Social Services as the state agency to administer the Medicaid program pursuant to Title XIX of the Social Security Act.

    State statute authorizes the Department to administer the HUSKY Health program in Connecticut.

2. Section 17-134d-35 of the Regulations of Connecticut State Agencies addresses orthodontic services provided under the early and periodic screening, diagnosis, and treatment (EPSDT) program. Section (a) provides: "Orthodontic services will be paid for when (1) provided by a qualified dentist; and (2) deemed medically necessary as described in these regulations."

    "Orthodontic services are limited to recipients under twenty-one (21) years of age." Conn. Agencies Regs. § 17-134d-35 (d).

    As a HUSKY Health participant under the age of 21 years, the child is subject to that program's rules as to when orthodontic services are to be authorized.

3. "The Department of Social Services shall cover orthodontic services for a Medicaid recipient under twenty-one years of age when the Salzmann Handicapping Malocclusion Index[1] indicates a correctly scored assessment for the recipient of twenty-six points or greater, subject to prior authorization requirements…." Conn. Gen. Stat. § 17b-282e.

    "The need for orthodontic services shall be determined on the basis of the magnitude of the malocclusion. Accordingly, the *Preliminary Handicapping Malocclusion Assessment Record,* available from the Department, must be fully completed in accordance with the instruction sections of the form…." Conn. Agencies Regs. § 17-134d-35 (e)(1).

[1] The *Salzmann Handicapping Malocclusion Index* is also known as the *Preliminary Handicapping and Malocclusion Assessment Record.*

CTDHP correctly concluded that the severity of the child's malocclusion did not meet the criteria of Conn. Gen. Stat. § 17b-282e and Conn. Agencies Regs. § 17-134d-35 (e)(1), as three dentists—the orthodontist, the first reviewer, and the second reviewer—independently scored the severity of the child's malocclusion as less than 26 points on the *Preliminary Handicapping Malocclusion Assessment Record*.

4. "If a recipient's score on the Salzmann Handicapping Malocclusion Index is less than twenty-six points, the Department of Social Services shall consider additional substantive information when determining the need for orthodontic services, including (1) documentation of the presence of other severe deviations affecting the oral facial structures; …." Conn. Gen. Stat. § 17b-282e.

   "[I]f the total score is less than [twenty-six (26)] points the Department shall consider additional information of a substantial nature about the presence of other severe deviations affecting the mouth and underlying structures. Other deviations shall be considered to be severe if, left untreated, they would cause irreversible damage to the teeth and underlying structures." Conn. Agencies Regs. § 17-134d-35 (e)(1).

   The child did not meet the exception at Conn. Gen. Stat. § 17b-282e and Conn. Agencies Regs. § 17-134d-35 (e)(1) to receive authorization for orthodontic services, as he did not have severe deviations that if left untreated would cause irreversible damage to the teeth and underlying structures.

5. Section 17b-282e of the Connecticut General Statutes provides:

   > If a recipient's score on the Salzmann Handicapping Malocclusion Index is less than twenty-six points, the Department of Social Services shall consider additional substantive information when determining the need for orthodontic services, including (1) … ; and (2) the presence of severe mental, emotional or behavioral problems or disturbances, as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, that affects the individual's daily functioning….

   Conn. Gen. Stat. § 17b-282e.

   Section 17-134d-35 (e)(2) of the Regulations of Connecticut State Agencies provides:

   > If the total score is less than [twenty-six (26)] points the Department shall consider additional information of a substantial nature about the presence of severe mental, emotional, and/or behavior problems, disturbances or dysfunctions, as defined in the most current edition of the Diagnostic Statistical Manual of the American Psychiatric Association, and which may be caused by the recipient's daily functioning. The department will only consider cases where a diagnostic evaluation has been performed by a licensed psychiatrist or a licensed psychologist who has accordingly limited his or her practice to child psychiatry or child psychology. The evaluation must clearly and substantially document how the dentofacial deformity is related to the child's mental, emotional, and/or behavior problems. And [sic] that orthodontic treatment is necessary and, in this case, will significantly ameliorate the problems.

   Conn. Agencies Regs. § 17-134d-35 (e)(2).

Although the child has been diagnosed with ADHD, the child does not meet the exception at Conn. Gen. Stat. § 17b-282e and Conn. Agencies Regs. § 17-134d-35 (e)(2) to receive authorization for orthodontic services. The child has not received a diagnostic evaluation performed by a licensed child psychiatrist or a licensed child psychologist documenting how the child's dentofacial deformity was related to the child's mental, emotional, and/or behavioral problems and that orthodontic treatment was necessary and would significantly ameliorate those problems.

6. Section 17b-259b (a) of the Connecticut General Statutes provides:

> 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).

Orthodontic services to treat the child's malocclusion are not medically necessary, as the term "medically necessary" is defined at Conn. Gen. Stat. § 17b-259b (a).

CTDHP's denial of prior authorization for the child's orthodontic services is supported by State statute and regulation.

DECISION

The Appellant's appeal is DENIED.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

Cc: Magdalena Carter, CTDHP
Rita LaRosa, 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 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 after 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.