

STATE OF NEW YORK
DEPARTMENT OF HEALTH

REQUEST: January 9, 2019

AGENCY: Westchester
FH #: 7891825Y

In the Matter of the Appeal of
[REDACTED]
from a determination by the Westchester County
Department of Social Services

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JURISDICTION

Pursuant to Section 22 of the New York State Social Services Law (hereinafter Social Services Law) and Part 358 of Title 18 NYCRR, (hereinafter Regulations), a fair hearing was held on February 1, 2019, in Westchester County, before an Administrative Law Judge. The following persons appeared at the hearing:

For the Appellant

[REDACTED]

For the Agency

Dr. George Gostling, DDS
Telephone Witness

ISSUE

Did the Agency fail to act on the Appellant's prior approval request for dentures?

FACT FINDINGS

All parties had an opportunity to present their evidence and after careful consideration, the following facts were established:

1. The Appellant, age 65, receives Medicaid coverage through Medicaid Managed Care Plans and fee for service dental coverage. From November 2018 through January 31, 2019, the Appellant's medical coverage was administered through MVP Health Plan, Inc.
2. Beginning February 1, 2019, the Appellant's dental coverage was managed by Centers Plan for Healthy Living, LLC.

3. The Agency established no record of a prior approval request for dentures existed in any fee-for-service provider records regarding the Appellant.

4. On January 9, 2019, the Appellant requested this fair hearing.

APPLICABLE LAW

Section 351.8(b) of 18 NYCRR provides that the decision to accept an application for Public Assistance and care must be made within 30 days from the date of application for Family Assistance and within 45 days from the date of application for Safety Net Assistance, except where the applicant requests additional time or where difficulties in verification lead to an unusual delay, or for other reasons beyond the Agency's control. The applicant must be notified in writing of the Agency's determination.

Section 360-2.4 of 18 NYCRR provides that eligibility for a Medical Assistance Authorization must be determined within 45 days of application. However, where Medical Assistance eligibility is dependent on disability status the agency must determine eligibility within ninety days of application. The district must determine eligibility within thirty days of the date of a Medical Assistance application if an applicant is a pregnant woman or an infant younger than one year of age whose household income does not exceed 200 percent of the applicable Federal poverty level; or the applicant is a child at least one year of age but younger than nineteen years of age whose household income does not exceed 133 percent of the applicable Federal poverty level.

DISCUSSION

The Appellant requested a fair hearing alleging the Agency failed to act on the Appellant's request for prior approval for dentures. During the hearing, the Appellant indicated he was confused and didn't know where to submit a prior approval request for dentures. The Appellant was also unaware if his dentist knew where to submit a prior approval request.

FH# 7891825Y

The Agency's case record reflects no prior approval requests for dentures has been submitted on the Appellant's behalf by any fee-for service provider. The Appellant was approved for complete upper dentures with dates of service on April 28, 2011 and February 27, 2013. The Appellant indicated his dental needs have increased and complete dentures are needed.

The Agency informed the Appellant to go to a Medicaid authorized dental provider and ask them to submit a prior request for upper and or lower dentures. If applicable, the request should explain why the Appellant's prior upper dentures are no longer meeting the Appellant's medical needs. The Agency noted that any fee-for-service provider knows how to submit prior approval requests to the Computer Sciences Corporation ("CSC"). The CSC processes all requests for managed care recipients.

DECISION

The Agency did not fail to act on the Appellant's prior approval request for dentures.

DATED: Albany, New York
02/13/2019

NEW YORK STATE
DEPARTMENT OF HEALTH
By

A handwritten signature in black ink, appearing to read "Selma Lee", is written over the "By" line.

Commissioner's Designee