

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
25 SIGOURNEY STREET
HARTFORD, CT 06106**

[REDACTED] 2014
Signature confirmation

Client: [REDACTED]
Request: 579846

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2013, the Department of Social Services (the "Department") issued [REDACTED] (the "Appellant") a notice that she had transferred \$34,000.00 to become eligible for Medicaid, and the Department was imposing a penalty period of ineligibility for Medicaid payment of long-term care services to run from [REDACTED] 2013 through [REDACTED] 2013.

On [REDACTED] 2014, the Appellant filed a request for an administrative hearing with the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") to contest the Department's determination of a penalty period of ineligibility for Medicaid payment of long-term care services.

On [REDACTED] 2014, the OLCRAH issued a notice scheduling an administrative hearing for [REDACTED] 2014.

On [REDACTED] 2014, 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. [REDACTED], the Appellant's son and attorney-in-fact, represented the Appellant's interests at the administrative hearing, as the Appellant was unable to attend due to physical frailty. The following individuals participated in the hearing:

[REDACTED] Appellant's representative
Katherine Schneider, Department's representative
Jennifer Bucci, Department's representative
Amy Kriedel, Department's witness (by telephone)
Eva Tar, Hearing Officer

The hearing record remained open for the submission of evidence by the Department. On [REDACTED] 2014, the hearing record closed.

STATEMENT OF ISSUE

The issue to be decided is whether the Department correctly determined that the Appellant is subject to a penalty period of ineligibility for Medicaid payment of long-term care services, based on \$34,000.00 in transfers during the look-back period.

FINDINGS OF FACT

1. The Appellant was born [REDACTED] 1937. (Department's Exhibit K: Facility documents, varying dates) (Department's Exhibit E: *Long-term Care/Waiver Application*, stamped as received [REDACTED]/13)
2. The Appellant is married to [REDACTED] (Appellant's representative's testimony)(Department's Exhibit E)
3. [REDACTED] is the Appellant's son and [REDACTED] stepson. (Appellant's representative's testimony)
4. [REDACTED] father is [REDACTED] (Appellant's representative's testimony)
5. [REDACTED] is a resident of New York. (Appellant's representative's testimony)
6. The Appellant and [REDACTED] are the owners of the following financial instruments: M & T Bank ([REDACTED]), M & T Bank ([REDACTED]), M & T Bank ([REDACTED]), and M & T Bank ([REDACTED]). (Department's Exhibit J: *Spousal Assessment Worksheet*, effective [REDACTED]/13)
7. The Appellant is the owner of SBLI Life ([REDACTED]). (Department's Exhibit J)
8. On [REDACTED] 2011, New York's Marriage Equality Act took effect.
9. In [REDACTED] 2012, [REDACTED] announced his engagement to his male partner at a dinner attended by his parents and their spouses. (Appellant's representative's testimony)(Department's Exhibit I: *Rebuttal*, varying dates)
10. At the [REDACTED] 2012 dinner, [REDACTED] parents agreed to contribute \$15,000.00 each toward [REDACTED] wedding. (Appellant's representative's testimony)(Department's Exhibit I)
11. In prior years, [REDACTED] parents had paid for their other children's wedding receptions. (Appellant's representative's testimony)
12. On [REDACTED] 2012, [REDACTED] and his partner contracted with [REDACTED] at [REDACTED], Connecticut for a reception to be held on [REDACTED] 2013 for a total of \$32,306.37. (Department's Exhibit I)

13. On [REDACTED] 2012, [REDACTED] and his partner placed a \$1,000.00 deposit with [REDACTED] to hold a reception date of [REDACTED] 2013. (Department's Exhibit I)
14. On [REDACTED], 2012, [REDACTED] and his partner paid \$2,000.00 to [REDACTED]. (Department's Exhibit I)
15. On [REDACTED] 2013, the Appellant was admitted to [REDACTED] Center. (Department's Exhibit P: Email and resident census, [REDACTED]/14)
16. On [REDACTED] [REDACTED] 2013, [REDACTED] [REDACTED] [REDACTED] Center discharged the Appellant. (Department's Exhibit P)
17. On [REDACTED] 2013, the Appellant or her agent transferred \$9,000.00 in cash from M & T Bank ([REDACTED] to [REDACTED] and [REDACTED] Department's Exhibit E)(Department's Exhibit G: Transactions of \$5,000.00 or more which took place in the 36 months prior to the application date, undated)
18. [REDACTED] [REDACTED] is the Appellant's granddaughter and [REDACTED] [REDACTED] niece. (Appellant's representative's testimony)
19. On [REDACTED] [REDACTED] 2013, the Appellant assigned her power of attorney to [REDACTED] [REDACTED] (Department's Exhibit C: *Power of Attorney/New York Statutory Short Form*, notarized [REDACTED]/13)
20. On [REDACTED] 2013, the Appellant or her agent withdrew \$9,000.00 in cash from M & T Bank ([REDACTED]). (Department's Exhibit G)
21. On [REDACTED] 2013, the Appellant or her agent withdrew \$7,000.00 in cash from M & T Bank ([REDACTED]). (Department's Exhibit G)
22. On [REDACTED] 2013, the Appellant or her agent withdrew \$9,000.00 in cash from M & T Bank ([REDACTED]). (Department's Exhibit G)
23. On [REDACTED] 2013 [REDACTED] Center admitted the Appellant. (Department's Exhibit P)
24. On [REDACTED] 2013, [REDACTED] purchased Teller's Check # [REDACTED] from the Putnam County Savings Bank for \$28,946.48. (Department's Exhibit I)
25. [REDACTED] gave [REDACTED] \$15,000.00 in cash to use for [REDACTED] wedding reception. (Appellant's representative's testimony)(Department's Exhibit I)
26. [REDACTED] gave [REDACTED] \$15,000.00 in cash to use for [REDACTED] wedding reception. (Appellant's testimony)(Department's Exhibit I)
27. [REDACTED] used \$15,000.00 contributed in cash to him by his father and \$15,000.00 contributed in cash to him from the Appellant and her spouse to purchase Teller's Check # [REDACTED] (Appellant's representative's testimony)(Department's Exhibit I)

28. ██████ inadvertently listed on the memo line of Teller's Check #█████ the Appellant's and ██████ name rather than the Appellant and ██████ name. (Department's Exhibit I)(Appellant's representative's testimony)
29. On ██████ 2013, ██████ and his partner got married in ██████ New York. (Department's Exhibit F: Transactions, varying dates)
30. On ██████ 2013, ██████ and his partner's wedding reception occurred at the ██████ (Appellant's representative's testimony)
31. The Appellant attended the ██████ 2013 wedding as a day excursion from ██████ ██████ Center. (Appellant's representative's testimony)
32. The Appellant and ██████ gave ██████ and his partner \$1,000.00 in cash as a wedding gift. (Appellant's representative's testimony)
33. On ██████ 2013, ██████ Center discharged the Appellant. (Department's Exhibit P)
34. Prior to ██████ 2013, the Appellant and ██████ resided together in a mobile home in ██████. (Appellant's representative's testimony)(Department's Exhibit E)(Department's Exhibit M: Printouts, varying dates)
35. ██████ continues to reside at his home in ██████ ██████ ██████; he is not institutionalized or residing in a group setting. (Appellant's representative's testimony)
36. On ██████ 2013, ██████ Center admitted the Appellant for skilled care. (Department's Exhibit P)
37. The Appellant's admitting diagnosis on ██████ 2013 was as follows: syncope secondary to orthostatic hypotension, muscle weakness, HTN, asthma, and peptic ulcer. (Department's Exhibit K)
38. On ██████ 2013, ██████ Center changed the Appellant's status at the facility from "skilled care" to "custodial care." (Department's Exhibit P)
39. On ██████ 2013, the Department received a *Long-term Care/Waiver Application* requesting Medicaid coverage of the Appellant's care at ██████ Center. (Department's Exhibit E)
40. On page 11 of the 21-page ██████ 2013 application, the Appellant declared the following transfers of assets: \$9,000.00 in cash as a loan to ██████ and ██████ (█████ ██████ 2013) and \$15,000.00 in cash to ██████ ██████ for his wedding (█████ 2013). (Department's Exhibit E)
41. ██████ signed the ██████ 2013 application in his capacity as the Appellant's attorney-in-fact. (Department's Exhibit E)

42. On Page 19 of the 21-page [REDACTED] 2013 application, [REDACTED]. signed beneath the following paragraph: "I have read this form or have had it read to me in a language that I understand. I certify that the information on this form is true and complete to the best of my knowledge. If I have knowingly given incorrect information, I may be subject to penalties for false statement as specified in the Connecticut General Statutes' sections 53a-157b and 17b-97 and to penalties for larceny as specified in sections 56a-122 and 53a-123. I also may be subject to penalties for perjury under federal law. I authorize the Department of Social Services to verify any information given on this form. (Department's Exhibit E)
43. [REDACTED] testimony regarding circumstances around the \$9,000.00 transferred to the Appellant's granddaughter and the granddaughter's husband on [REDACTED] 2013 is inconsistent to his identification of the circumstances around the transfer as listed to the [REDACTED] 2013 application form he signed in his capacity as the Appellant's attorney-in-fact under penalty of false statement.
44. [REDACTED] testimony regarding the circumstances around the \$9,000.00 transferred to the Appellant's granddaughter and the Appellant's granddaughter's husband is not credible.
45. [REDACTED] testimony as to the events of his [REDACTED] 2012 engagement dinner, the Appellant's agreement to give him \$15,000.00 to use toward his [REDACTED] 2013 wedding, and how he used the monies his parents gave him in cash to pay [REDACTED] by Teller's Check # [REDACTED] for the reception is credible.
46. On [REDACTED] 2013, the Department issued a *Preliminary Decision Notice* to the Appellant stating that the agency had made the preliminary decision that the Appellant had transferred \$9,000.00 on [REDACTED] 2013 and \$28,946.00 on [REDACTED] 2013 to become eligible for assistance. (Department's Exhibit H: Forms, varying dates)
47. The [REDACTED] 2013 notice stated that based on a transferred amount of \$37,946.00 and the average cost of care being \$11,581.00, the Appellant's proposed penalty period of ineligibility for Medicaid long-term care services would be 3.28 months. (Department's Exhibit H)
48. The Department determined that the Appellant's and [REDACTED] counted spousal assets for the purposes of Medicaid equaled \$9,974.42 as of the Appellant's date of institutionalization. (Department's Exhibit J: *Spousal Assessment Worksheet*, undated)
49. As of [REDACTED] 2013, \$23,184.00 is the minimum Community Spouse Protected Amount in Connecticut. (Department's witness's testimony)(Department's Exhibit J)
50. On [REDACTED] [REDACTED] 2013, the Department issued a *Notice of Response to Rebuttal/Hardship Claim* that stated that the agency had reduced the assessed transfer to \$34,000.00 to incorporate the \$9,000.00 transfer of [REDACTED]/13 and transfers totaling \$25,000.00 in [REDACTED] 2013. (Department's Exhibit H)

51. The [REDACTED] 2013 notice stated that the Department was offsetting the \$34,000.00 transfer by \$13,209.42 “to bring client to max CSPA.” (Department’s Exhibit H)
52. The Department’s [REDACTED] 2013 notice stated that based on an adjusted transfer total of \$20,790.42 and the average cost of care being \$11,581.00, the Appellant’s proposed penalty period of ineligibility for Medicaid long-term care services would be 1.80 months. (Department’s Exhibit H)
53. The Department’s [REDACTED] 2013 notice stated that the Appellant was eligible for Medicaid coverage for services unrelated to long-term care effective [REDACTED] 2013. (Department’s Exhibit H)
54. The Department’s [REDACTED] 2013 notice stated that the Appellant’s penalty period of ineligibility for Medicaid coverage for services related to long-term care would run from [REDACTED], 2013 through [REDACTED] 2013. (Department’s Exhibit H)
55. The Appellant has private medical insurance that covered her long-term care services for the following dates of service: [REDACTED] 2013 through [REDACTED] 2013; [REDACTED] 2013 through [REDACTED] 2013; and from [REDACTED] 2013 through [REDACTED] 2013. (Department’s Exhibit P)
56. [REDACTED] Center has requested the Department to authorize Medicaid to cover the Appellant’s long-term care services effective [REDACTED] 2013. (Department’s Exhibit P)
57. On [REDACTED] 2013, the Department authorized Medicaid coverage for the Appellant’s long-term care services effective [REDACTED] 2013. (Department’s Exhibit M)
58. On [REDACTED] 2013, the Department issued a notice to the Appellant, stating that it was granting her Medicaid coverage and that she had applied income due to the facility, effective [REDACTED] 2013. (Department’s Exhibit Q: Notice Content-NCON, [REDACTED]/13)

CONCLUSIONS OF LAW

1. 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. Conn. Gen. Stat. § 17b-2.
2. The beginning date of a continuous period of institutionalization is: a. for those in medical institutions or long term care facilities, the initial date of admission; b. for those applying for home and community based services (CBS) under a Medicaid waiver, the date that the Department determines the applicant to be in medical need of the services. Uniform Policy Manual (“UPM”) § 1507.05 (A)(2).
3. For the purposes of the Medicaid program, the Appellant’s beginning date of a continuous period of institutionalization was [REDACTED] 2013.

4. This chapter describes the technical eligibility requirement in the Medicaid program pertaining to the transfer of an asset for less than fair market value. The policy material in this chapter pertains to transfers that occur on or after February 8, 2006. UPM § 3029.
5. There is a period established, subject to the conditions described in this chapter, during which institutionalized individuals are not eligible for certain Medicaid services when they or their spouses dispose of assets for less than fair market value on or after the look-back date specified in 3029.05 C. This period is called the penalty period, or period of ineligibility. UPM § 3029.05 (A).
6. The policy contained in this chapter pertains to institutionalized individuals and to their spouses. An individual is considered institutionalized if he or she is receiving: a. LTCF services; or b. services provided by a medical institution which are equivalent to those provided in a long-term care facility; or c. home and community-based services under a Medicaid waiver (cross references: 2540.64 and 2540.92). UPM § 3029.05 (B).
7. The look-back date for transfers of assets is a date that is 60 months before the first date on which both the following conditions exist: 1. the individual is institutionalized; and 2. the individual is either applying for or receiving Medicaid. UPM § 3029.05 (C).
8. The Appellant's look-back period ran from 60 months prior to and up to [REDACTED] 2013, the date of her Medicaid application.
9. Medical assistance shall be provided for any otherwise eligible person whose income, including any available support from legally liable relatives and the income of the person's spouse or dependent child, is not more than one hundred forty-three per cent, pending approval of a federal waiver applied for pursuant to subsection (e) of this section, of the benefit amount paid to a person with no income under the temporary family assistance program in the appropriate region of residence and if such person is an institutionalized individual as defined in Section 1917(c) of the Social Security Act, 42 USC 1396p(c), and has not made an assignment or transfer or other disposition of property for less than fair market value for the purpose of establishing eligibility for benefits or assistance under this section. Any such disposition shall be treated in accordance with Section 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of property made on behalf of an applicant or recipient or the spouse of an applicant or recipient by a guardian, conservator, person authorized to make such disposition pursuant to a power of attorney or other person so authorized by law shall be attributed to such applicant, recipient or spouse. A disposition of property ordered by a court shall be evaluated in accordance with the standards applied to any other such disposition for the purpose of determining eligibility. The commissioner shall establish the standards for eligibility for medical assistance at one hundred forty-three per cent of the benefit amount paid to a family unit of equal size with no income under the temporary family assistance program in the appropriate region of residence. In determining eligibility, the commissioner shall not consider as income Aid and Attendance pension benefits granted to a veteran, as defined in section 27-103, or the surviving spouse of such veteran. Except as provided in section 17b-277, the medical assistance program shall provide coverage to persons under the age of nineteen with family income up to one hundred eighty-five per cent of the federal poverty level without an asset limit and to persons under the age of nineteen and their parents and needy caretaker relatives, who qualify for coverage under Section 1931 of the Social Security

Act, with family income up to one hundred eighty-five per cent of the federal poverty level without an asset limit. Such levels shall be based on the regional differences in such benefit amount, if applicable, unless such levels based on regional differences are not in conformance with federal law. Any income in excess of the applicable amounts shall be applied as may be required by said federal law, and assistance shall be granted for the balance of the cost of authorized medical assistance. The Commissioner of Social Services shall provide applicants for assistance under this section, at the time of application, with a written statement advising them of (1) the effect of an assignment or transfer or other disposition of property on eligibility for benefits or assistance, (2) the effect that having income that exceeds the limits prescribed in this subsection will have with respect to program eligibility, and (3) the availability of, and eligibility for, services provided by the Nurturing Families Network established pursuant to section 17b-751b. Persons who are determined ineligible for assistance pursuant to this section shall be provided a written statement notifying such persons of their ineligibility and advising such persons of the availability of HUSKY Plan, Part B health insurance benefits. Conn. Gen. Stat. § 17b-261 (a).

10. The Department considers transfers of assets made within the time limits described in 3029.05 C, on behalf of an institutionalized individual or his or her spouse by a guardian, conservator, person having power of attorney or other person or entity so authorized by law, to have been made by the individual or spouse. UPM § 3029.05 (D)(1).
11. In the case of an asset that the individual holds in common with another person or persons in joint tenancy, tenancy in common or similar arrangement, the Department considers the asset (or affected portion of such asset) to have been transferred by the individual when the individual or any other person takes an action to reduce or eliminate the individual's ownership or control of the asset. UPM § 3029.05 (D)(2).
12. Any transfer or assignment of assets resulting in the imposition of a penalty period shall be presumed to be made with the intent, on the part of the transferor or the transferee, to enable the transferor to obtain or maintain eligibility for medical assistance. This presumption may be rebutted only by clear and convincing evidence that the transferor's eligibility or potential eligibility for medical assistance was not a basis for the transfer or assignment. Conn. Gen. Stat. § 17b-261a (a).
13. Any transfer or assignment of assets resulting in the establishment or imposition of a penalty period shall create a debt, as defined in section 36a-645, that shall be due and owing by the transferor or transferee to the Department of Social Services in an amount equal to the amount of the medical assistance provided to or on behalf of the transferor on or after the date of the transfer of assets, but said amount shall not exceed the fair market value of the assets at the time of transfer. The Commissioner of Social Services, the Commissioner of Administrative Services and the Attorney General shall have the power or authority to seek administrative, legal or equitable relief as provided by other statutes or by common law. Conn. Gen. Stat. § 17b-261a (b).
14. Transfers that do not result in a penalty include, but are not limited to, transfers of a home to certain individuals; transfers made to or for the benefit of spouses, subject to limitations; transfers to a disabled child; transfers to certain trusts established for the sole benefit of an individual under the age of 65 who is considered disabled under criteria for

SSI eligibility; transfers made exclusively for reasons other than qualifying; transferor intended to transfer the asset for fair market value; and transfers made for other valuable consideration. UPM § 3029.10.

15. An otherwise eligible institutionalized individual is not ineligible for Medicaid payment of LTC services if the individual, or his or her spouse, provides clear and convincing evidence that the transfer was made exclusively for a purpose other than qualifying for assistance. UPM § 3029.10 (E).
16. The Appellant established by clear and convincing evidence that she transferred a total of \$16,000.00 to ██████ in █████ 2013 for a purpose other than to qualify or potentially qualify for Medicaid.
17. The Appellant's \$16,000.00 in transfers to ██████ in █████ 2013 do not subject the Appellant to a transfer penalty of ineligibility for the Medicaid program.
18. The Appellant did not establish by clear and convincing evidence that she transferred \$9,000.00 to her granddaughter and her granddaughter's husband on ██████ 2013 for a purpose other than to qualify or potentially qualify for Medicaid.
19. The Appellant's \$9,000.00 in transfers to her granddaughter and her granddaughter's husband on ██████ 2013 subjects the Appellant to a transfer penalty of ineligibility for the Medicaid program.
20. The Appellant did not establish by clear and convincing evidence that she transferred \$9,000.00 to an unknown individual in ██████ 2013 for a purpose other than to qualify or potentially qualify for Medicaid.
21. The Appellant's \$9,000.00 in transfers to an unknown individual in ██████ 2013 subjects the Appellant to a transfer penalty of ineligibility for the Medicaid program.

DISCUSSION

Section 17b-261a (a) of the Connecticut General Statutes provides that any transfer or assignment of assets resulting in the imposition of a penalty period shall be presumed to be made with the intent, on the part of the transferor or the transferee, to enable the transferor to obtain or maintain eligibility for medical assistance. This presumption may be rebutted only by clear and convincing evidence that the transferor's eligibility or potential eligibility for medical assistance was not a basis for the transfer or assignment.

The "clear and convincing" standard is a high threshold to be met; the statute acts to dissuade people from transferring money and real property that could otherwise be liquidated or used to privately pay their medical bills.

The Department argues that the Appellant transferred \$34,000.00 in 2013 to family members that could have been used toward paying for her long-term care services at ██████ Care Center. In its calculation of the \$34,000.00, the Department points to the following cash withdrawals: \$9,000.00 (█████/13), \$9,000.00 (█████ 13), \$7,000.00 (█████/13) and \$9,000.00 (█████/13).

The hearing officer addresses these transfers out of order.

In [REDACTED] 2013, the Appellant transferred \$15,000.00 to her son, which he used to pay toward his \$32,306.37 wedding reception. The Appellant and her spouse also gave the Appellant's son \$1,000.00 as a wedding gift.

The Appellant provided probative evidence as to the costs of the wedding reception and that the arrangements for the event had been in the works for a year prior to the start of the Appellant's declining health and eventual permanent institutionalization at [REDACTED] Care Center. The Appellant's evidence with respect to the transfers to her son was not solely her son's testimony and handwritten affidavits of other individuals as to the circumstances of the son's engagement dinner in [REDACTED] 2012; it was supported by the business records of the [REDACTED] [REDACTED] the site of the reception, which required deposits and payments approximately a year in advance to save the [REDACTED] 2013 reception date. The hearing officer found the Appellant's son's testimony as to these events in which he was a full participant to be credible; his testimony was plausible, consistent, detailed, and demonstrated adequate first-hand knowledge.

The hearing officer finds that the Appellant proved by "clear and convincing" evidence that she transferred \$16,000.00 to her adult son in [REDACTED] 2013 for a purpose other than to qualify for Medicaid.

The hearing officer does not find, however, that the Appellant met her burden to prove by the standard of "clear and convincing" that the \$9,000.00 in cash she transferred to her granddaughter on [REDACTED] 2013 or an additional \$9,000.00 in cash that was withdrawn from her account in [REDACTED] 2013 was for purposes other than to qualify for Medicaid.

The Appellant's description of this \$9,000.00 transfer to her granddaughter was inconsistent and not probative. Initially, the Appellant declared this transfer as a "loan" to her granddaughter and the granddaughter's husband on her [REDACTED] [REDACTED] 2013 Medicaid application. The Appellant then submitted a [REDACTED] [REDACTED], 2013 memo from the granddaughter and the granddaughter's husband that described this transfer as a "gift" for the purpose of purchasing the couple's new home in [REDACTED]s. The memo did not have accompanying documents to establish the date of the closing or verification, such as a cancelled bank check, that the \$9,000.00 was used to complete the purchase on or around [REDACTED] 2013. The Appellant's representative's testimony regarding this particular \$9,000.00 transfer was unconvincing; he spoke as to his recollection of the Appellant mentioning a telephone conversation between the Appellant and her granddaughter (his niece), a telephone conversation in which he did not personally participate.

With respect to the final \$9,000.00 withdrawal from the Appellant's bank account in [REDACTED] 2014 that was unaccounted for, the Appellant's representative testified that he did not know the specifics of that withdrawal.


The hearing officer finds that the Appellant transferred \$18,000.00 for the purpose of qualifying for or potentially qualifying for Medicaid. The Department must recalculate the Appellant's penalty period of ineligibility accordingly.

DECISION

The issue of this hearing is REMANDED to the Department for further action.

ORDER

1. The Department will recalculate the Appellant's penalty period of Medicaid ineligibility, based on improper transfers totaling \$18,000.00.
2. The Department will notify the Appellant and her representatives in writing of the amended penalty period of ineligibility.
3. Within 21 calendar days of the date of this decision, or [REDACTED] 2014, documentation of compliance with this order is due to the undersigned.



Eva Tar
Hearing Officer

Pc: [REDACTED]
[REDACTED]
Annette Lombardi, Operations Manager, DSS-Torrington (62)

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 Legal Counsel, Regulations, and Administrative Hearings, 25 Sigourney Street, Hartford, CT 06106.

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, 25 Sigourney Street, Hartford, CT 06106. 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 his 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.