

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06106

2014  
Signature confirmation

Client: [REDACTED]  
Request: 613227

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On [REDACTED] 2014, Ascend Management Innovations, LLC (“Ascend”), the Department of Social Services’ contractor that determines whether a patient’s medical condition meets a level of care requirement to authorize placement in a skilled nursing facility, issued [REDACTED] (the “Appellant”) a notice stating that he does not meet the medical criteria for nursing facility level of care, as defined in section 17b-259b of the Connecticut General Statutes.

On [REDACTED] 2014, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received a hearing request that had been signed by the Appellant on [REDACTED] 2014.

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

On [REDACTED], 2014, 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 in person with one of the participants attending by conference call at the [REDACTED] Health Center (the “Facility”), a psychiatric hospital that contains locked units. [REDACTED], the Appellant’s conservator of person and estate, designated [REDACTED] [REDACTED] to act as her agent at the [REDACTED] [REDACTED] 2014 administrative hearing.

The following individuals attended the hearing:

██████████, Appellant  
██████████, MSW, "██████████ Appellant's conservator's representative  
██████████, ██████████ Health Center, Appellant's witness  
██████████, LCSW, ██████████ Health Center, Appellant's witness  
Trevia Marquis, RN, Ascend's representative (via speakerphone)  
Charlaine Ogren, LCSW, Department of Social Services, Ascend's witness  
Loretta Ricker, RN, Department of Mental Health and Addiction Services, "60 West  
Project," Observer  
Eva Tar, Hearing Officer

### **STATEMENT OF ISSUE**

The issue to be decided is whether Ascend correctly determined that skilled nursing facility placement is not medically necessary for the Appellant.

### **FINDINGS OF FACT**

1. The Appellant's date of birth is ██████████ 1967. (Ascend's Exhibit 5: *Preadmission Screening and Resident Review Summary of Findings Report*, ██████/14)
2. The Appellant has a conservator of person and estate. (Appellant's Exhibit 5: Conservatorship appointment, ██████/12)
3. The Appellant receives Social Security disability income. (Ascend's Exhibit 15: *Southwest Connecticut Mental Health System Recovery Plan Review Action Plan*, ██████14)
4. The Appellant is a registered sex offender. (██████████ testimony)
5. The Appellant is not currently serving a prison sentence or serving probation. (██████████ testimony)
6. The Appellant is a Medicaid recipient. (Ascend's Exhibit 4: *Notice of Action*, ██████/14)
7. Ascend is the Department of Social Services' contractor with respect to determining the need for skilled nursing level of care for Medicaid recipients. (Ascend's Exhibit 4)
8. On ██████████ 2009, the ██████████ Health Center admitted the Appellant. (Appellant's Exhibit 3: *Neuropsychological and Psychodiagnostic Assessment*, ██████/10)
9. Prior to his admission to ██████████ Health Center, the Appellant was self-medicating with ██████████ (Appellant's testimony)

10. Upon admittance to the [REDACTED] Health Center, the Appellant had a diagnosis of [REDACTED] characterized [REDACTED] (Appellant's Exhibit 3)
11. The Appellant was in transitional housing within the [REDACTED] Health Center for eight months. (Ascend's Exhibit 9: *Connecticut LTC Level of Care Determination Form*, [REDACTED]/14)
12. While at [REDACTED] Health Center, the Appellant used cracked cocaine on a daily basis and panhandled in [REDACTED], Connecticut. (Ascend's Exhibit 9)
13. The Appellant's behavior at [REDACTED] Health Center was intrusive, sexually preoccupied, exhibited very poor judgment, and exhibited problems with short-term memory. (Ascend's Exhibit 9)
14. While at [REDACTED] Health Center, the Appellant remained difficult to engage in treatment, became confrontational about his drug use, and did not engage well with his treatment team. (Ascend's Exhibit 9)
15. A [REDACTED] Health Center staff physician recommended the Appellant be admitted to [REDACTED] Health Center (the "Facility") for an assessment. ([REDACTED] testimony)
16. On [REDACTED] 2013, the Appellant was admitted involuntarily to the Facility, with disorganized thoughts, tangential thinking, and no insight into the relationship between his [REDACTED] (Ascend's Exhibit 17: *Medical History & Physical Examination*, [REDACTED]/13)
17. The Facility is a psychiatric hospital. ([REDACTED] testimony)
18. The Facility is the highest level of care in a restrictive setting, with a locked ward, and a staff to patient ratio of eight to 12 staff for 20 patients; it provides a higher level of care than a skilled nursing facility. ([REDACTED] testimony)
19. The Facility does not provide permanent housing for patients. (Antinozzi's testimony)
20. The Facility's purpose is to assess a patient's needs to determine the best level of care to meet those needs, for appropriate placement upon discharge. ([REDACTED] testimony)
21. Upon admission to the Facility, the Appellant required the level of care offered by the Facility, as he was a danger to himself and others. ([REDACTED] testimony)

22. In [REDACTED] the Appellant completed a psychological evaluation over a five-day period. (Appellant's Exhibit 4: *Psychological Evaluation*, [REDACTED]/14)
23. In [REDACTED] 2014, the Appellant had the following psychiatric diagnosis (DSM-IV): Other specified [REDACTED]  
[REDACTED]  
(Ascend's Exhibit 15)
24. In the six months prior to [REDACTED] 2014, the Appellant was in behavioral control: he did not use illegal drugs and was not aggressive, assaultive, or sexually inappropriate. (Ascend's Exhibit 15)
25. In the three months prior to [REDACTED] 2014, the Appellant became more engaged in treatment groups and unit activities. (Ascend's Exhibit 15)
26. Since admission to the [REDACTED] unit at the Facility, the Appellant attended: 15 [REDACTED]  
[REDACTED] (Ascend's Exhibit 15)
27. The Appellant obtained a Full Scale IQ score of [REDACTED] which means his overall intellectual functioning fall in the extremely low range. (Appellant's Exhibit 4)
28. The Appellant's IQ score of [REDACTED] places him in the range of retarded; a score of about 100 is considered normal range. ([REDACTED] testimony)
29. In [REDACTED] 2014, on the [REDACTED] Index, the Appellant obtained a score of [REDACTED] which shows that his perceptual reasoning skills fall into the borderline range of functioning. (Appellant's Exhibit 4)
30. In [REDACTED] 2014, on the [REDACTED] Index, the Appellant obtained a score of [REDACTED] which shows that his working memory skills are in the extremely low range. (Appellant's Exhibit 4)
31. In [REDACTED] 2014, on the [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Neuropsychological Status [REDACTED]), the Appellant received an overall score of [REDACTED] which indicates that it is likely that he experiences deficits in his general cognitive abilities, including problems related to his attention, memory, language, and constructional skills. (Appellant's Exhibit 4)
32. On the Immediate [REDACTED]y Index, the Appellant scored a [REDACTED], which is in the extremely low range. The index measures an individual's ability to learn both simple and complex information. (Appellant's Exhibit 4)
33. In [REDACTED] 2014, on the index that measures delayed memory, the Appellant obtained a score of [REDACTED], which falls in the extremely low range; his overall score

indicates that the Appellant experiences difficulties with his long-term memory. (Appellant's Exhibit 4)

34. In ██████████ 2014, the Appellant's score on the Dementia Rating Scale placed him in the upper end of the mildly impaired range; his score is above the range of scores typically obtained by patients with dementia. (Appellant's Exhibit 4)
35. On ██████████ 2014, a clinical psychologist concluded that the Appellant's memory deficits may impair his ability to act accordingly and may require a supervised living placement upon discharge. (Appellant's Exhibit 4)
36. The Appellant has significant memory impairment, memory is crucial for functioning independently. (██████████ testimony)
37. The Appellant's memory impairment and poor judgment make him incapable of living independently in an unsupervised setting. (██████████ testimony)
38. The Appellant requires prompting to shower, hygiene, and what needs to be done. (██████████ testimony)
39. The Appellant requires prompts to take his medication and remember appointments. (Appellant's Exhibit 4)
40. The Appellant's medication is strictly monitored at the Facility. (Appellant's Exhibit 7: *Medication Administration Record*, ██████████ 2014)
41. In ██████████ 2014, the Appellant has the following prescriptions: Thorazine 50 mg (as needed); nasal saline spray (as needed for sinus congestion/discharge); Tylenol 650 mg (as needed for pain); Mylanta 30 ml (as needed for indigestion); Lubrisoft lotion (as needed for feet); Montelukast (singulair) 10 mg (at bedtime); Olanzapine 20 mg (in the morning and at bedtime); Norvasc 10 mg (daily); Cozaar 100 mg (daily); ASA 81 mg (daily); Complera 1 tab (with breakfast); Ensure Plus 1 can (daily); Ranitidine (zantac) 150 mg (twice daily); Clonidine .1 mg (twice daily); Labetolol 150 mg (twice daily); Trileptal 150 mg (twice daily); Simethicone 80 mg (three times daily); Ativan .5 mg (twice daily); Ferrous Sulfate 325 mg (twice daily); and Ammonium Lactate (for feet/skin twice daily). (Appellant's Exhibit 7)
42. In the first two weeks of ██████████ 2014, the Appellant did not need to use Thorazine. (Appellant's Exhibit 7)(██████████ testimony)
43. Thorazine treats psychotic agitation. (██████████ testimony)
44. Trileptal is a mood stabilizer. (██████████ testimony)
45. Activan treats anxiety. (██████████ testimony)

46. Olanzapine treats psychosis. (██████ testimony)
47. Montelukast treats HIV. (██████ testimony)
48. In ██████ 2014, there is a standing order to offer the Appellant fluids every two to three hours while awake. (Appellant's Exhibit 7)
49. The Appellant is currently stable on his meds. (██████ testimony)
50. ██████████ triggers the Appellant's psychosis. (Ascend's Exhibit 5)(██████ testimony)
51. The Appellant has had no occurrence of ██████████ while at the Facility. (██████ testimony)
52. The Appellant had two passes from the Facility, under family members' one-on-one supervision, for two to three hours. (██████ testimony)
53. There were no reported incidents involving the Appellant when he was away from the facility, using the two passes. (██████ testimony)
54. The Facility staff has concerns that the Appellant may have access to cooking if placed in a group home or unsupervised community setting, due to his memory impairment and poor judgment. (██████ testimony)
55. Since the Appellant's admission to the Facility, he has behaved appropriately to staff and other patients. (██████ testimony)
56. The Appellant has not been allowed to smoke, since his admittance to the Facility. (██████ testimony)
57. The Appellant has not been found to have contraband in his possession, since his admittance to the Facility. (Appellant's testimony)
58. The Facility sought a skilled nursing level of care determination from Ascend, representing that the Appellant has chronic medical conditions, requires medication administration, assistance with self-care, and psychiatric conditions. (Ascend's Exhibit 5)
59. The Appellant is independent in the following activities of daily living ("ADLs"): toileting, continence, transferring, and mobility.
60. The Appellant requires supervision in the following ADLs: bathing, dressing, and eating.
61. The Appellant requires setups and verbal or gestural assistance for handing him the pre-prepared dosages of his medications at the prescribed times; he also requires

assistance with securing his medications and visually monitoring to ensures that he does not hoard, cheek, or spit medications out. (Ascend's Exhibit 6)

62. On [REDACTED], 2014, a physician completed a *Practitioner Certification*, attesting that the Appellant met the Connecticut Code for nursing home level of care. (Ascend's Exhibit 10: *Practitioner Certification*, [REDACTED]/14)
63. On [REDACTED] 2014, the Facility's representative completed a *Connecticut Level 1 Form Preadmission Screening and Resident Review*, with respect to the Appellant. (Ascend's Exhibit 8: *Connecticut Level 1 Form Preadmission Screening and Resident Review*, [REDACTED]/14)
64. On the [REDACTED] 2014 *Connecticut Level 1 Form Preadmission Screening and Resident Review*, the Appellant has not exhibited symptoms of physical threat, mental and physical symptoms, or other major mental health symptoms as related to adapting to change. (Ascend's Exhibit 8)
65. On [REDACTED] 2014, an Ascend assessor completed a *Preadmission Screening and Resident Review Summary of Findings* report. (Ascend's Exhibit 5)
66. On [REDACTED] 2014, an Ascend assessor noted that the Appellant had the following diagnostic impression: [REDACTED]. (Ascend's Exhibit 5)
67. The Appellant's medical diagnosis include: HIV+, asthma, tardive dyskinesia, aortic regurgitation, concentric ventricular hypertrophy, and positive tuberculosis test (treated in 1991). (Ascend's Exhibit 5)
68. In the 30 days prior to [REDACTED] 2014, the Appellant reportedly [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED] symptoms. (Ascend's Exhibit 5)(Ascend's Exhibit 6: *Connecticut PASRR Mental Health Evaluation*, [REDACTED]/14)
69. The Appellant is [REDACTED]ly stable. (Ascend's Exhibit 5)
70. The Appellant has a known history of substance abuse/dependency; substances include alcohol, marijuana, hallucinogens, and crack cocaine. (Ascend's Exhibit 6)
71. The Ascend assessor recommended that the Appellant not be admitted to a skilled nursing facility because his needs could be met more appropriately in an inpatient psychiatric facility. (Ascend's Exhibit 5)
72. The Ascend assessor recommended that if the Appellant became a candidate for discharge, he would require 24-hour supervision, [REDACTED], behavioral health supports, medication administration assistance, supervision for

ADL completion, assistance such as homemaker services; transportation assistance for appointments; and a legal advocate. (Ascend's Exhibit 5)

73. The Ascend assessor noted that the Appellant may benefit from participation in a day treatment program and/or [REDACTED] and participation in community groups such as [REDACTED]. (Ascend's Exhibit 5)
74. On [REDACTED] 2014, Ascend issued a *Notice of Denial* of skilled nursing facility level of care to the Appellant, noting that the company had determined that skilled nursing facility level of care was not medically necessary for him at that time. (Ascend's Exhibit 4)

### **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
2. The Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program. Such regulations shall include provisions requiring the Department of Social Services (1) to monitor admissions to nursing home facilities, as defined in section 19a-521, and (2) to prohibit the admission by such facilities of persons with primary psychiatric diagnoses if such admission would jeopardize federal reimbursements. Conn. Gen. Stat. § 17b-262.
3. 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).
4. 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. Conn. Gen. Stat. § 17b-259b (b).

5. 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. Conn. Gen. Stat. § 17b-259b (c).
6. The Department of Social Services shall amend or repeal any definitions in the regulations of Connecticut state agencies that are inconsistent with the definition of medical necessity provided in subsection (a) of this section, including the definitions of medical appropriateness and medically appropriate, that are used in administering the department's medical assistance program. The commissioner shall implement policies and procedures to carry out the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal not later than twenty days after implementation. Such policies and procedures shall be valid until the time the final regulations are adopted. Conn. Gen. Stat. § 17b-259b (d).
7. Sections 17b-262-701 to 17b-262-711, inclusive, of the Regulations of Connecticut State Agencies set forth the Department of Social Services requirements for payment to nursing facilities for services to clients eligible to receive such services under Connecticut's Medicaid program pursuant to section 17b-262 of the Connecticut General Statutes.
8. Payment for nursing facility services is available to all persons eligible for the Medicaid program subject to the conditions and limitations that apply to these services. Conn. Agencies Regs. § 17b-262-704.
9. The department shall pay for an admission that is medically necessary and medically appropriate as evidenced 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 of 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. Conn. Agencies Regs. § 17b-262-707 (a).
10. The department shall pay a provider only when the department has authorized payment for the client's admission to that nursing facility. Conn. Agencies Regs. § 17b-262-707 (b).
11. For purposes of this section, the terms "mentally ill" and "specialized services" shall be as defined in Subsections (e)(7)(G)(i) and (iii) of Section 1919 of the Social Security Act and federal regulations. Conn. Gen. Stat. § 17b-739 (a).
12. No nursing facility shall admit any person, irrespective of source of payment, who has not undergone a preadmission screening process by which the Department of Mental Health and Addiction Services determines, based upon an independent physical and mental evaluation performed by or under the auspices of the Department of Social Services, whether the person is mentally ill and, if so, whether such person requires the level of services provided by a nursing facility and, if such person is mentally ill and does require such level of services, whether the person requires specialized services. A person who is determined to be mentally ill and not to require nursing facility level services shall not be admitted to a nursing facility. In order to implement the preadmission review requirements of this section and to identify applicants for admission who may be mentally ill and subject to the requirements of this section, nursing facilities may not admit any person, irrespective of source of payment, unless an identification screen developed, or in the case of out-of-state residents approved, by the Department of Social Services has been completed and filed in accordance with federal law. The Commissioner of Social Services may require a nursing facility to notify, within one business day, the Department of Social Services of the admission of a person who is mentally ill and meets the admission requirements of this subsection. Conn. Gen. Stat. § 17b-739 (b).
13. A nursing facility shall notify the Department of Mental Health and Addiction Services when a resident who is mentally ill undergoes a significant change in condition or when a resident who has not previously been diagnosed as mentally ill undergoes a change in condition which may require specialized services. Upon such notifications, the Department of Mental Health and Addiction Services, under the auspices of the Department of Social Services, shall perform an evaluation to determine whether the resident requires the level of services provided by a nursing facility or requires specialized services for mental illness. Conn. Gen. Stat. § 17b-739 (d).

14. The Department of Mental Health and Addiction Services, in consultation with the Department of Social Services, may no less than annually review, within available appropriations, the status of each resident in a nursing facility who is mentally ill to determine whether the resident requires (1) the level of services provided by a nursing facility, or (2) specialized services for mental illness. Nursing facilities shall grant to the Department of Mental Health and Addiction Services and the Department of Social Services access to nursing facility residents and their medical records for the purposes of this section. Conn. Gen. Stat. § 17b-739 (e).
15. In the case of a mentally ill resident who is determined under subsection (b), (d) or (e) of this section not to require the level of services provided by a nursing facility but to require specialized services for mental illness and who has continuously resided in a nursing facility for at least thirty months before the date of the determination, the resident may elect to remain in the facility or to receive services covered by Medicaid in an alternative appropriate institutional or noninstitutional setting in accordance with the alternative disposition plan submitted by the Department of Social Services to the Secretary of the United States Department of Health and Human Services, and consistent with the Department of Mental Health and Addiction Services requirements for the provision of specialized services. Conn. Gen. Stat. § 17b-739 (f).
16. In the case of a mentally ill resident who is determined under subsection (b), (d) or (e) of this section not to require the level of services provided by a nursing facility but to require specialized services for mental illness and who has not continuously resided in a nursing facility for at least thirty months before the date of the determination, the nursing facility in consultation with the Department of Mental Health and Addiction Services shall arrange for the safe and orderly discharge of the resident from the facility. If the department determines that the provision of specialized services requires an alternate residential placement, the discharge and transfer of the resident shall be made in accordance with the alternative disposition plan submitted by the Department of Social Services and approved by the Secretary of the United States Department of Health and Human Services, except if an alternate residential placement is not available, the resident shall not be transferred. Conn. Gen. Stat. § 17b-739 (g).
17. In the case of a resident who is determined under subsection (b), (d) or (e) of this section not to require the level of services provided by a nursing facility and not to require specialized services, the nursing facility shall arrange for the safe and orderly discharge of the resident from the facility. Conn. Gen. Stat. § 17b-739 (h).
18. Any person seeking admittance to a nursing facility or any resident of a nursing facility who is adversely affected by a determination of the Department of Mental Health and Addiction Services under this section may appeal such determination to the Department of Social Services within fifteen days of the receipt of the notice of a determination by the Department of Mental Health and Addiction Services. If an appeal is taken to the Department of Social Services the determination of the

Department of Mental Health and Addiction Services shall be stayed pending determination by the Department of Social Services. Conn. Gen. Stat. § 17b-739 (i).

19. The Appellant has chronic conditions that require skilled nursing services, nursing supervision, or assistance with his personal care on a daily basis for at least three of seven ADLs.
20. The Appellant's admission to a skilled nursing facility containing a locked ward is clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease.
21. The Appellant's admission to a skilled nursing facility is medically necessary, as defined by section 17b-259b (a) of the Connecticut General Statutes.
22. Ascend incorrectly determined that skilled nursing facility placement is not medically necessary for the Appellant.

### **DISCUSSION**

The Appellant has been a patient at the [REDACTED] Health Center (the "Facility"), a locked psychiatric hospital, since [REDACTED] 2013. The Facility is a temporary measure for individuals in immediate crisis; its purpose is not to be permanent housing for psychiatric patients.

The Facility is seeking to discharge the Appellant to a skilled nursing facility with a locked ward. The Facility recommends against discharging the Appellant to the community or transitional housing, as the Appellant has significant cognitive deficits, impaired short-term memory, and poor judgment. The Appellant is a conserved individual.

The hearing officer assigned significant weight to the testimony of the Appellant's psychiatrist and Facility staff, who have closely interacted with the Appellant since his admission to the Facility. It is evident from the hearing record that the Appellant's continuing placement at the Facility is no longer appropriate, based on the current stabilization of the symptoms of his psychiatric illness.

A skilled nursing facility that provides supervised care for individuals with cognitive limitations and memory impairments, one that has staff with expertise with individuals who may become violent due to their illness if left unsupervised or exposed to personal triggers, is an appropriate placement for the Appellant at this time.

Should the Appellant's medical conditions improve to where he no longer requires skilled nursing services in an institutional setting, the nursing facility to which he is eventually admitted will need to make the arrangements for discharge to a less restrictive setting.

**DECISION**

The Appellant's appeal is GRANTED.

**ORDER**

1. Ascend is ordered to issue to the Facility written confirmation that skilled nursing level of care is medically necessary for the Appellant.
2. 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

cc: [REDACTED], [REDACTED], Naugatuck, CT 06770

[REDACTED]  
Charlaine Ogren, LCSW, DSS-Central Office  
Kathy Bruni, Manager, Alternate Care Unit, DSS-Central Office  
Treva Marquis, Ascend, 227 French Landing Drive, Suite 250, Nashville, TN  
37228

### **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.