

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

██████████, 2024
SIGNATURE CONFIRMATION

CASE # ██████████
CLIENT# ██████████
REQUEST# ██████████

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████, 2023, the Department of Social Services (the “Department”) sent ██████████ (the “Applicant”), a Notice of Action (“NOA”) informing her that she had transferred \$80,000.00 in assets to become eligible for Medicaid and that the Department was imposing a penalty period of Medicaid ineligibility effective ██████████, 2023, through ██████████, 2023.

On ██████████, 2024, Attorney ██████████ (the “Attorney”), legal counsel for ██████████ ██████████, the Applicant’s daughter and Power of Attorney (the “POA”), requested an administrative hearing on behalf of the Applicant to contest the Department’s penalty determination.

On [REDACTED], 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an administrative hearing for [REDACTED], 2024.

On [REDACTED], 2024, the Attorney requested to reschedule the administrative hearing.

On [REDACTED], 2024, the OLCRAH issued a notice rescheduling the administrative hearing for [REDACTED], 2024.

On [REDACTED], 2024, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184 inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals participated in the hearing:

Attorney [REDACTED], [REDACTED], Power of Attorney’s legal counsel
[REDACTED], Applicant’s daughter and Power of Attorney
[REDACTED], Applicant’s son
Michael Briggs, Eligibility Services Specialist, Department’s Representative
Joseph Davey, Administrative Hearing Officer

The Applicant, [REDACTED], is deceased.

The hearing record remained open until [REDACTED], 2024, for the submission of additional information from the Attorney, the POA, and the Department. Information from all parties was received and the record closed on [REDACTED], 2024.

STATEMENT OF THE ISSUE

The issue is whether the Department was correct when it imposed a Medicaid penalty period of ineligibility due to an improper transfer of assets.

FINDINGS OF FACT

1. The Applicant was born on [REDACTED], 1929, and passed away on [REDACTED], 2023. (Hearing Record)
2. On [REDACTED], 2015, the Applicant’s brother, [REDACTED] (“[REDACTED]”), passed away in the State of Connecticut and bequeathed properties located at [REDACTED] [REDACTED] in [REDACTED], CT, and [REDACTED] in [REDACTED], ME (the “Non-Home Property”) to the Applicant. The Applicant had resided in the home at [REDACTED] [REDACTED] in [REDACTED], CT since the 1960’s and had paid rent to [REDACTED] until his passing. The Non-Home Property was purchased by [REDACTED] in approximately 1961 and was utilized as a vacation home for himself and his extended family until his passing. (Appellant’s Exhibit C: [REDACTED] Probate form N-116 marked received [REDACTED], Appellant’s Exhibit E: Town of [REDACTED] [REDACTED] Real Estate Tax Bill 2018, POA’s testimony)

3. The POA was assigned as Executrix for [REDACTED] estate in the State of Connecticut. (Appellant's Exhibit D: [REDACTED] Affidavit of Closing of Estate Form PC-213 marked received on [REDACTED])
4. On [REDACTED], 2017, the Applicant transferred the property at [REDACTED] [REDACTED]. in [REDACTED], CT to her son, [REDACTED] ("[REDACTED]") and the POA via Quit Claim Deed. The Applicant continued to reside independently at [REDACTED] [REDACTED]. in [REDACTED], CT after the transfer and paid rent to the POA and [REDACTED] [REDACTED]. (POA's testimony)
5. On [REDACTED], 2017, the POA contacted the Probate Court of [REDACTED], ME regarding the distribution of the Non-Home Property to the Applicant. The POA received a reply from the Probate Court of [REDACTED], ME which outlined the process of probate appointment in the State of Maine and instructed the POA to complete form N-116 Notice of Appointment of Domiciliary Foreign Personal Representative ("N-116") as well as a certified copy of [REDACTED] estate filing in the State of Connecticut. (Appellant's Exhibit B: [REDACTED] Probate Court Letter dated [REDACTED] and response dated [REDACTED])
6. On [REDACTED], 2017, [REDACTED] estate closure in the State of Connecticut was accepted and ordered to be recorded by the [REDACTED], CT Probate Court. (Appellant's Exhibit D)
7. On [REDACTED], 2018, the Probate Court of [REDACTED], ME received form N-116 from the POA and appointed her as *the "personal representative of the estate of [REDACTED]."* (Appellant's Exhibit C)
8. On [REDACTED], 2018, the POA distributed the Non-Home Property to the Applicant as per [REDACTED] Will. (Exhibit 8: Quitclaim Deed/Maine Revenue Services Real Estate Transfer Tax Declaration dated [REDACTED] and Deed of Distribution By Personal Representative (Testate) dated [REDACTED])
9. On [REDACTED], 2018, the Applicant transferred Non-Home Property to the POA and [REDACTED], via Quitclaim Deed. (Exhibit 8)
10. At the time of the transfer of the Non-Home Property, the Applicant was living independently in the community at [REDACTED]. in [REDACTED], CT. Her medical diagnoses at the time were as follows: Lewy Body Dementia with behavioral disturbance, Hypothyroidism, Essential Hypertension, Diastolic dysfunction, Prediabetes, Valvular disease, Delusional disorder (HC Code), Hyponatremia, and Osteoporosis. (Exhibit 10: Rebuttal to W-0495A dated [REDACTED] and Medical records dated [REDACTED], Exhibit 11: Additional Rebuttal documents and Medical Records dated [REDACTED])

11. The Applicant was active on Medicare Part A and B between [REDACTED], 1994, and her death, and [REDACTED] between at least [REDACTED], 2018, and her death. The Applicant did not have long term care insurance. (Exhibit 2: W-1LTC Long Term Care Application dated [REDACTED], Exhibit 7: W-001N Notice of Action dated [REDACTED], Exhibit 13: Case Notes, Exhibit 26: [REDACTED] checking and savings accounts ending in [REDACTED] and [REDACTED] statements dated [REDACTED]-[REDACTED], POA's testimony)
12. The Applicant did not apply for or receive Medicaid between [REDACTED], 2018, and [REDACTED], 2022. (POA's testimony)
13. In [REDACTED] 2019, the Applicant began paying out of pocket for two home health aides to come into her home and assist her by changing sheets, doing laundry, and completing routine household tasks twice per week for 2-3 hours per visit. (POA's testimony)
14. In [REDACTED] 2020, the Applicant fell at home getting out of her bed which resulted in a hairline fracture of her sacrum. Shortly after the fall, the Applicant began attending rehab at [REDACTED] in [REDACTED], CT, (the "Facility") twice weekly to restore her mobility. The cost of rehab at the Facility was paid for by Medicare and [REDACTED]. While at the Facility, the Applicant suffered a fall and broke her left arm. She was in the Facility for approximately six weeks in total. (POA's testimony)
15. On or about [REDACTED] or [REDACTED] 2020, the Applicant left the Facility and entered [REDACTED], an assisted living facility located in [REDACTED], CT. The Applicant was responsible to pay for her cost of care out of pocket while at [REDACTED]. (POA's testimony)
16. In approximately [REDACTED] or [REDACTED] 2022, the Applicant could no longer pay for her cost of care at [REDACTED]. The POA and [REDACTED] took out a line of credit and began paying for the Applicant to remain at [REDACTED]. Check stubs dated between [REDACTED], 2022, and [REDACTED], 2023, display that the POA and [REDACTED] paid \$36,065.58 directly to [REDACTED] for the Applicant's cost of care. (Appellant's Exhibit A: Expense checks dated [REDACTED]-[REDACTED], POA's testimony, [REDACTED] testimony)
17. In [REDACTED] 2022, the Applicant suffered a fall at [REDACTED] and broke her hip. (POA's testimony)
18. On [REDACTED], 2022, the Applicant was admitted to the Facility for inpatient skilled nursing services. (Exhibit 15: Maximus Admit/Discharge sheet)
19. On [REDACTED], 2023, the Department received a W-1LTC Long Term Care Application from the POA on behalf of the Applicant. (Exhibit 2)

20. The Department sent a request for the POA to *“provide a certified fair market appraisal for the property located [REDACTED] in [REDACTED], Maine at the time of the [REDACTED] 2018 transfer.”* The information was due by [REDACTED], 2023. The hearing record does not reflect what date the Department sent the request. (Exhibit 13)
21. On [REDACTED], 2023, the POA received a completed appraisal of the Non-Home Property from [REDACTED], [REDACTED]. The appraisal stated that *“An inspection of the property and a study of pertinent factors, including valuation trends and an analysis of neighborhood data, led the appraiser to the conclusion that the market value, as of [REDACTED] is: \$80,000.”* The POA provided the appraisal to the Department, and the Department accepted the valuation of \$80,000 at the time the Non-Home Property was transferred via Quit Claim Deed. (Exhibit 9: Property Appraisal of [REDACTED], ME dated [REDACTED], Hearing Record)
22. On [REDACTED], 2023, the Department sent the POA a W-495A Transfer of Assets Preliminary Decision Notice form. The form stated in relevant part: *“We reviewed the information that you gave us about the transfer of property at [REDACTED] in [REDACTED], Maine [REDACTED] on [REDACTED]. Our initial decision is that you made the transfer in order to be eligible for assistance. We made this decision because: You are applying for or receiving medical help for long-term care services or home care services; and you or your spouse transferred assets that affect your eligibility; and you have not given us proof that the transfer was not made in order to be eligible for assistance.”* The listed due date for the information was [REDACTED], 2023. (Exhibit 16: W-495A dated [REDACTED])
23. On [REDACTED], 2023, the Department sent the POA a W-0495A Notice of Possible Improper Transfer of Assets form which stated in relevant part: *“Based on the information we have, we decided that, if you are eligible for Medicaid, we plan to impose a penalty period because you improperly transferred the following asset(s) on the following date(s): Real Property [REDACTED], Date of Transfer [REDACTED], Improper Transfer Amount \$80,000.00. We made this decision because: 1. You are applying for or receiving medical help for long-term care services or home care services; and 2. You or your spouse transferred assets that affect your eligibility; and 3. You have not given us proof that the transfer was not made in order to be eligible for assistance...Before we make a final decision about imposing a penalty period, you have the change to explain the reason for the transfer(s) and provide proof that you or the person to whom you made the transfer(s) did not do so in order for you to become eligible or to keep your eligibility for medical assistance.”* The listed due date for the information was [REDACTED], 2023. (Exhibit 5: W-0495A form dated [REDACTED])

24. On [REDACTED], 2023, the Attorney submitted a rebuttal letter and the Applicant's medical records from an [REDACTED], 2018, office visit at [REDACTED] in [REDACTED], CT to the Department. The rebuttal letter stated in relevant part: *"At the time of this transfer, [REDACTED] 2018, (the Applicant) was living independently in her home in the community. She had no issues with any of her activities of daily living whatsoever, and her admission to a long-term care facility took place over two years later."* The medical records from [REDACTED], 2018, displayed that the Applicant's reason for visiting [REDACTED] was *"Dementia"*. Follow-up notes for the visit instructed the Applicant to *"Return in about 4 months (around 1 [REDACTED]), or if symptoms worsen or fail to improve."* (Exhibit 10, Exhibit 11)
25. On [REDACTED], 2023, the Department granted an extension of the rebuttal due date to allow the POA and the Attorney to gather and provide additional medical records for the Applicant. (Exhibit 12: Email follow-ups on rebuttal dated [REDACTED]-[REDACTED]3, Exhibit 13)
26. On [REDACTED], 2023, the Attorney submitted additional medical records to the Department. The medical records were from the Applicant's [REDACTED], 2018, office visit at [REDACTED] in [REDACTED], CT. Progress Notes from the medical records stated the following: *"(The Applicant) is a [REDACTED] y.o. female who presents for annual wellness exam and FU (Follow Up) of multiple medical problems including: Essential hypertension, benign, Hyperlipemia, Hypothyroid, Diastolic dysfunction, Prediabetes, Valvular disease, Osteoporosis, Lewy body dementia with behavioral disturbance, Delusional disorder (HC Code), Hyponatremia. All well controlled on current meds w/o side effects. Acute Problems: No complaints. No new problems."* (Exhibit 11, Exhibit 12)
27. On [REDACTED], 2023, the Department sent the POA a W-0495B Response to Your Transfer of Assets Explanation form. The form stated in relevant part: *"On [REDACTED], you told the Department of Social Services (DSS) that you did not agree with its plan to impose a penalty period as a result of the improper transfer of assets(s) listed in the Notice of Possible Improper Transfer of Assets and Intention to Impose a Penalty Period. We reviewed your rebuttal and decided the following: Asset: Real Property [REDACTED], Date of Transfer: [REDACTED], Improper Transfer Amount \$80,000.00. We do not agree: Based on the information we have now, we will set up a penalty period...your penalty period will be: [REDACTED]-[REDACTED]"*. (Exhibit 6: W-0495B Response to Your Transfer of Assets Explanation dated [REDACTED])
28. The Department determined that the Applicant was not fully self-supporting and that the transfer of the Non-Home Property was done to qualify for Medicaid. (Department's testimony, Hearing Record)

29. On [REDACTED], 2023, the Department issued a W-001N Notice of Action to the POA, approving the Applicant for Husky C Long Term Care Facility Residents Eligible Under Special Income Level (“L01”) coverage effective [REDACTED], 2023, through [REDACTED], 2023; the month the Applicant passed away. The L01 was granted with a penalty period of [REDACTED], 2023, through [REDACTED], 2023, imposed. (Exhibit 7)
30. The issuance of this decision is timely under Connecticut General Statutes § 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED], 2024. Therefore, this decision is due not later than [REDACTED], 2024. However, the hearing, which was originally scheduled for [REDACTED], 2024, was rescheduled for [REDACTED], 2024, at the request of the Attorney, which caused a ([REDACTED]) day delay. The hearing record was further extended ([REDACTED]) days to allow for the submission of information from the Attorney, the POA, and the Department. Because of the total delay of ([REDACTED]) days, this decision is not due until [REDACTED], 2024. (Hearing Record)

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes (“Conn. Gen. Stat.”) provides that 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.

The Department has the authority to administer and determine eligibility for Medicaid.

2. “The department’s uniform policy manual (“UPM”) is the equivalent of state regulation and, as such, carries the force of law.” *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).

UPM § 3029.03 provides that the Department uses the policy contained in Chapter 3029 of the Uniform Policy Manual to evaluate asset transfers, including the establishment of certain trusts and annuities, if the transfer occurred, or the trust or annuity was established, on or after February 8, 2006.

Conn. Gen. Stat. § 17b-261(a) provides that any disposition of property made on behalf of an applicant for recipient by a 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.

UPM § 3029.05(A) states 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(B) provides in relevant part for individuals affected: 1. The policy contained in this chapter pertains to institutionalized individuals and to their spouses. 2. 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.

UPM § 3029.05(C) provides for the look-back date for transfers. 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(D)(1) provides 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.

The Applicant was an institutionalized individual who applied for Medicaid benefits on [REDACTED], 2023.

The Department correctly investigated the [REDACTED], 2018, transfer of the Non-Home Property as it occurred within the 60 months before the Applicant's [REDACTED], 2023, application for Long Term Care Medicaid benefits.

3. UPM § 3029.35(A)(1) provides that prior to a denial or discontinuation of LTC Medicaid benefits, the Department notifies the individual and his or her spouse of its preliminary decision that a transfer of asset is determined to have been improper.

UPM § 3029.35(A)(2) provides that the notification includes a clear explanation of both a. the reason for the decision and b. the right of the individual or his or her spouse to rebut the issue within 10 days.

The Department correctly issued form W-495A on [REDACTED], 2023, and form W-0495A on [REDACTED], 2023, informing the Applicant of its preliminary decision that the [REDACTED], 2018, transfer of the Non-Home Property was improper and correctly allowed [REDACTED] days to provide a rebuttal.

4. UPM § 3029.35(C) provides for the Rebuttal Process. 1. If the individual does not rebut the Department's preliminary decision to impose a penalty period, the Department sends the individual a final decision notice regarding the penalty period at the time of the disposition of the Medicaid application. This notice contains all the elements of the preliminary notice, and a description of the individual's appeal rights. 2. If the individual rebuts the Department's preliminary decision to impose a penalty period, the Department has ten days from the receipt of the rebuttal to send an interim notice to the individual stating that it is either upholding or reversing its preliminary decision. 3. The notification described in 3029.35 C. 2 informs the individual that: a. the Department is reversing its preliminary decision, and is not imposing a penalty period with respect to LTC services; or b. the Department's preliminary decision is upheld, and a penalty period is being established, during which Medicaid will not pay for LTC services. 4. The Department sends a final decision notice regarding the rebuttal issue at the time of the mailing of the notice regarding the disposition of the Medicaid application.

The Department correctly reviewed the Attorney's [REDACTED], 2023, rebuttal on behalf of the Applicant as well as the additional rebuttal documents submitted on [REDACTED], 2023 by the Attorney on behalf of the Applicant.

The Department correctly issued both the W-0495B and a Notice of Action on [REDACTED], 2023, which outlined its decision to uphold its preliminary decision that the [REDACTED], 2018, transfer of the Non-Home Property was improper and that a penalty period of [REDACTED], 2023, through [REDACTED], 2023, was established.

5. Conn. Gen. Stat. § 17b-261a(a) 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 the basis for the transfer or assignment.

UPM § 3029.10(E) pertains to Transfers made exclusively for reasons other than Qualifying and provides 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.

The Department incorrectly determined the Applicant's [REDACTED], 2018, transfer of the Non-Home Property was made with the intent to qualify for Medicaid.

The Department incorrectly determined the Applicant was ineligible for payment of Long Term Care services for the period of [REDACTED], 2023, through [REDACTED], 2023.

DISCUSSION

As outlined in Conn. Gen. Stat. § 17b-261a(a) “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 the basis for the transfer or assignment.” The main issue of the hearing, therefore, is the Applicant’s intent when she transferred the Non-Home Property to the POA and ██████████ on ██████████, 2018. As the Applicant is deceased, an examination of her actions and those of the involved parties during the look-back period are the most reliable means by which the Applicant’s intent at the time of transfer can be established.

The Department argued that because of the Applicant’s advanced age and health conditions at the time the Non-Home Property was transferred, she was likely to require long-term care services in the future, was not fully self-supporting, and therefore made the transfer in order to qualify for assistance. This argument fails to account for the totality of the Applicant’s actions during the more than four years between the transfer of the Non-Home Property and the Applicant’s admission to a skilled nursing facility and subsequent application for Long Term Care assistance.

As argued by the Attorney, the Applicant was living independently in the community at the time of the transfer. From ██████████ 2018, the month of the transfer, until ██████████ 2019, the Applicant lived independently and without assistance. In ██████████ 2019, despite her age and medical conditions, the Applicant opted to remain in her community residence with help from in-home health aides. When she suffered a fall in her home in ██████████ 2020, she was admitted to ██████████ ██████████ in ██████████, CT for rehabilitation. This nursing facility is where she would eventually reside in ██████████ of 2022 until her passing in ██████████ 2023. However, in ██████████ 2020, she chose to remain in the Facility for only 6 weeks and then move into ██████████, an assisted living facility she was responsible to pay for out of pocket and where she would remain for over two and a half years. At no time during the look-back period did the Applicant apply for or receive Medicaid. Additionally, the POA and ██████████ collectively paid \$36,065.58 out of pocket to ██████████ to allow the Applicant to remain in assisted living until her fall in ██████████ 2022 necessitated her admission to the Facility.

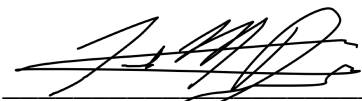
Taken collectively, the actions of the Applicant, the POA, and ██████████ during the look-back period display that the Applicant was independent at the time of the transfer, intended to remain in the community, and that the eligibility or potential eligibility for medical assistance was not the basis for the ██████████, 2018, transfer of the Non-Home Property. As a result, the undersigned finds that clear and convincing evidence exists to substantiate that the transfer of the Non-Home Property was made exclusively for a purpose other than qualifying for assistance and was therefore not improper.

DECISION

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

ORDER

1. The Department will remove the penalty imposed against the Applicant for the period of [REDACTED], 2023, through [REDACTED], 2023, and issue a Notice of Action displaying that the penalty has been removed.
2. The Department shall demonstrate compliance with this order no later than ([REDACTED]) days from the date of this decision. Verification of compliance shall be sent to the undersigned via email confirmation.



Joseph Davey
Administrative Hearing Officer

CC: Michael Briggs, Department's Representative, Bridgeport Regional Office
Annjerry Garcia, SSOM, Bridgeport Regional Office
Jamel Hilliard, SSOM, Bridgeport Regional Office
Robert Stewart, SSOM, Bridgeport Regional Office

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 Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

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.