

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

[REDACTED] 2023
Signature Confirmation

Client ID [REDACTED]
Case ID [REDACTED]
Request # 218699

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED] CT 06016

PROCEDURAL BACKGROUND

On [REDACTED] [REDACTED] 2023, Community Health Network of Connecticut (“CHNCT”), the Department of Social Services’ (the “Department”) contractor for reviewing prior authorization requests for durable medical equipment (“DME”), issued [REDACTED] [REDACTED] (the “Appellant”) a Notice of Action for Denied Services or Goods (“NOA”) denying a prior authorization request for a Cubby Plus Safety Bed (“CPS bed”).

On [REDACTED] [REDACTED] 2023, the Appellant requested an administrative hearing to contest the CHNCT’s decision to deny the prior authorization request for the CPS bed.

On [REDACTED] [REDACTED] 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an in-person administrative hearing for [REDACTED] [REDACTED] 2023.

On [REDACTED] [REDACTED] 2023, the Appellant requested a continuance and that the hearing be held via teleconference. OLCRAH granted the continuance and teleconference request.

On [REDACTED] [REDACTED] 2023, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED] [REDACTED] 2023 via teleconference.

On [REDACTED] [REDACTED] 2023, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189 inclusive of the Connecticut General Statutes, OLCRAH held an administrative hearing via teleconference.

The following individuals called in for the hearing:

██████████, Appellant
Robin Goss, RN, BSN, CHNCT's Representative
Lisa Nyren, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided whether CHNCT's █████ █████ 2023 denial of prior authorization through the Medicaid program for a CPS bed as not medically necessary, was in accordance with state laws and state regulations.

FINDINGS OF FACT

1. The Appellant is the mother of ██████████ (the "minor child") born on ██████████. (Hearing Record)
2. The minor child is a participant in the Medicaid program as administered by the Department. (Hearing Record)
3. CHNCT is the Department's contractor for reviewing medical requests for prior authorization of DME. (Hearing Record)
4. The minor child has a diagnosis of Autism Spectrum Disorder ("ASD") Level 2 - 3. The minor child is ambulatory but requires constant supervision due to frequent falls, lack of safety awareness, ability to climb over barriers, and behaviors to include headbanging, putting non-food items in his mouth and elopement. (Hearing Record)
5. The minor child receives numerous rehabilitative services through ██████████ ██████████ ("pediatric physical therapy group") which include occupational therapy, physical therapy, speech therapy, special education services, and applied behavior analysis therapy. Services are provided five (5) days per week while at daycare. (Appellant Testimony)
6. ██████████ ("Pediatrician"), the minor child's Pediatrician and ██████████ ("Developmental-Behavior Pediatrician"), the minor child's Developmental-Behavior Pediatrician monitor the child and his development. (Hearing Record)
7. The minor child currently sleeps on a mattress on the floor enclosed by crib rails. The minor child wakes during his sleep and can become disruptive or lose control of his behavior. The minor child exhibits self-injurious behaviors such as biting himself or hitting his head on walls or

- the floor. The minor child is able to climb over and under the crib rails causing safety concerns. The Appellant views the minor child when sleeping through a security camera installed in the minor child's bedroom. The minor child shares his bedroom with his [REDACTED] year old sister. (Appellant Testimony and Exhibit 1: PA Request)
8. In order to reduce the number of times the minor child might waken; the Appellant employs an evening routine to help the minor child prepare for sleep which includes sleeping with a small, weighted blanket appropriate for a toddler. (Appellant Testimony)
 9. When the minor child wakes after he is put to bed and becomes disruptive, the Appellant enters the room to apply a set of strategies such as playing calming music and adjusting the room lights through a projector located in the room, adjusting room shades, or speaking to him softly to de-escalate the situation and help the minor child return to sleep. The Appellant does not always enter his room as her presence may sometimes escalate his self-injurious behavior rather than de-escalate the situation. Having the technology to observe the minor child without being in his presence has helped the Appellant to employ certain strategies which encourage him to self-regulate. (Appellant Testimony)
 10. In at least one episode, the minor child struggled to get out of his crib enclosure where his neck was pinned under the crib bars. The Appellant heard him and was able to free him but fears for his safety. His current sleeping arrangement is no longer appropriate due to his strength, size, and ability to escape. The Appellant seeks approval of the CPS bed for the minor child to improve the minor child's sleeping habits in a safe environment. The CPS bed can provide a safe environment to prevent him from escaping, reduce the number of episodes of dysregulation through circadian lights, soothing music, and the ability to talk to the minor child through a speaker all done remotely through an app on a smartphone. The Appellant owns a smartphone to access the CPS bed app and controls. (Appellant Testimony and Exhibit 11: DME Vendor Medical Records)
 11. On [REDACTED] [REDACTED] 2023, CHNCT received a prior authorization ("PA") request from [REDACTED] ("DME Vendor") for a CPS bed package ordered by the Pediatrician along with supporting documentation. The supporting documentation included [REDACTED] [REDACTED] 2023 well visit medical notes from the Pediatrician, [REDACTED] [REDACTED] 2023 and [REDACTED] [REDACTED] 2023 letters of medical necessity from [REDACTED] ("Physical Therapist") at the pediatric physical therapy group, DME Vendor invoice and [REDACTED] [REDACTED] 2023 CPS bed quote. (Exhibit 1: PA Request)

12. On [REDACTED] [REDACTED] 2023 the minor child met with the Pediatrician for his 2-year physical. The Pediatrician well-visit notes include developmental delay/disability, behavior and speech/language problems which may adversely affect his education, and development appears abnormal. Examination of head, eyes, nose, and throat appear normal. Examination of the following systems: pulmonary, cardiovascular, abdomen, genitourinary, lymphatic, musculoskeletal, and skin are normal but notes neurologic as abnormal. The physician lists active problems as: autism spectrum, balanitis, developmental concern, encounter for immunization, large head, speech/language delay, and staring episodes. Pediatrician notes “long talk about development and ASD [and] safety issues discussed.” (Exhibit 1: PA Request)
13. On [REDACTED] [REDACTED] 2023, the Physical Therapist submitted a recommendation on behalf of the minor child for a cubby bed (soft, padded canopy bed with a noise reducing canopy, sensory regulating lighting and noise machine) with a camera, speaker component, and regulation features which allow the Appellant the ability to monitor the minor child during episodes of frustration and self-injuring after consideration for other safety beds including the Haven Series Safety Bed (or Beds by George).¹ The Physical Therapist writes the cubby bed with monitoring system would prevent the minor child from banging his head on hard surfaces and prevent the minor child from escaping, therefore limiting any occurrence for mouthing small items/toys, falling and head banging on hard surfaces such as walls and floors. Included are zippered safety sheets to prevent entrapment and burrowing. The cubby bed features would allow the Appellant to remotely create a safe, regulatory space for the minor child at night which will help increase the minor child’s independence for self-regulation. (Exhibit 1: PA Request)
14. On [REDACTED] [REDACTED] 2023, the Physical Therapist provided additional information regarding the CPS bed for the minor child. Parents can access the CPS bed’s software program through an app on their smartphone. The app can signal parents if the child is moving or making noise and allows parents to remotely access features of the CPS bed such as the camera to monitor inside the CPS bed and activate sensory features such as lighting/circadian noise as needed. The Appellant utilizes sensory strategies such as vestibular and pressure based to help the minor child regulate when frustrated. The Physical Therapist writes, “Per [the Appellant’s] report, because he is still learning how to regulate himself with sensory strategies, he requires external cues, prompts, guidance and/or assistance to calm. There is no way for her to ameliorate his dysregulation remotely through a commercially available standard monitor.” The minor child depends on the Appellant for all regulation and

¹ Cubby bed equipped with mesh canopy to prevent elopement and padding to prevent injuries when head banging. Does not include sensory aids or video surveillance capabilities.

- sleep needs. The CPS bed would provide the minor child with the opportunities to independently regulate using remotely guided sensory tools. “Due to his age and level of focus, he is still learning how to utilize sensory strategies independently and thus requires external cues or guidance (i.e. lighting changes, soothing sounds, favorite blanket, deep pressure, etc.) to regulate.” Safety concerns arise when considering Beds by George due to large holes/openings in the heavy mesh which may provide the minor child the ability to grip the mesh potentially getting his fingers caught and/or allowing the minor child the ability to traverse the canopy. The CPS bed’s canopy is a sheet without mesh. (Exhibit 1: PA Request)
15. On [REDACTED] [REDACTED] 2023, CHNCT reviewed the prior authorization request and supporting documentation for the CPS bed. CHNCT denied the prior authorization request for the CPS bed. CHNCT determined the technology hub included with the CPS bed does not meet the definition of DME because it requires the use of an app on smartphone or tablet with cellular or internet connection, as these are not “mainly and typically used for a medical purpose and therefore do not meet the definition of DME.” CHNCT writes, “there is no medical documentation that shows soothing sounds and lighting will impact this child’s self-regulation.” CHNCT may consider a Cubby Bed or other mesh enclosed pediatric bed with padding and anti-wander/locking feature that can provide a low stimulating environment for safe sleeping. Additionally consideration may be given to a monitoring system with a dedicated receiver without lights and music. (Exhibit 2: Medical Review)
 16. On [REDACTED] [REDACTED] 2023, CHNCT issued the Appellant a notice of action denying the prior authorization request for a CPS bed as not medical necessary for the reason “it does not meet generally accepted standards of medical care.” Specifically, the Technology Hub cannot be determined “medically needed” because medical notes do not support soothing sounds and special lighting will help the minor child stay calm. The Technology Hubs lacks a display to view the camera but requires a smartphone or tablet with cellular service or internet connection which are not mainly and typically used for medical purpose. (Exhibit 3: Notice of Action)
 17. On [REDACTED] [REDACTED] 2023, CHNCT issued requests for additional medical information to the Pediatrician, DME vendor, Developmental Behavioral Pediatrician, Physical Therapist. CHNCT requested medical documentation showing soothing sounds and lighting assist the minor child to self-regulate, other considerations for a Cubby Bed/enclosed pediatric bed with padding, antiwander/locking feature, slow stimulating environment to promote safe sleeping, alternative monitoring options, and a letter of medical necessity. CHNCT listed the due date for the

additional information as ██████ 2023. (Exhibits 7 – 10: Medical Record Requests)

18. On ██████ 2023, CHNCT received duplicate medical records from the DME vendor and a letter from the Appellant. The Appellant seeks a good quality of life and a safe environment to live in for the minor child and believes the combination of the cubby bed with the technology hub is the best solution to improve his quality of life, safety, and self-regulation. The minor child behaviors include self-harming, chewing on things, violent head shaking to make himself dizzy, and banging his head on walls, floors, and any hard surfaces. The minor child climbs on furniture, opens doors, and climbs over gates to escape. The Appellant writes, “Not only would this technology hub help to avert unwanted behaviors it would also allow me to talk to him to soothe him, as well as monitor him for his own safety to make sure he isn’t engaging in any of these behaviors.” (Exhibit 11: Medical Records)
19. On ██████ 2023, CHNCT re-issued requests for additional medical information to the Pediatrician, Developmental Behavioral Pediatrician, Physical Therapist. CHNCT requested medical documentation showing soothing sounds and lighting assist the minor child to self-regulate, other considerations for a Cubby Bed/enclosed pediatric bed with padding, antiwander/locking feature, slow stimulating environment to promote safe sleeping, alternative monitoring options, and a letter of medical necessity. CHNCT listed the due date for the information as ██████ 2023. (Exhibits 12 – 14: Medical Record Requests)
20. On ██████ 2023, the Physical Therapist responded to CHNCT’s request for additional medical documentation supporting the prior authorization request for a CPS bed. The Physical Therapist confirms consideration for other beds discussed but were ruled out for various reasons. Reference ██████ 2023 letter. When the sides of the CPS bed are closed, a camera outside of the bed would not allow for monitoring when the child is inside. (Exhibit 15: Letter of Medical Necessity)
21. On ██████ 2023, CHNCT reissued its request for additional medical information to the Pediatrician and Developmental Behavioral Pediatrician extending the due date for the requested information to ██████ 2023 after receiving a request to extend the due date from the Pediatrician. (Exhibits 16 – 17: Medical Records Request)
22. On ██████ 2023, the Pediatrician submitted a letter of medical necessity to CHNCT. The Pediatrician writes, “[The minor child] is diagnosed with autism and tends to bang his head on things often. It is medically necessary for [the minor child] to obtain a [CPS bed].” (Exhibit 18: Pediatrician Letter of Medical Necessity)

23. On [REDACTED] [REDACTED] 2023, the Developmental-Behavioral Pediatrician submitted a letter of medical necessity to CHNCT. The Developmental-Behavioral Pediatrician writes, “the Cubby Bed is the only available safety bed that offers features that are medically necessary to meet the unique needs of [the child] to optimize his sleep hygiene and maximize safety, and to reduce risk of injury or self-harm. The Cubby bed eliminates the 7-zones of entrapment identified by the FDA.” The Developmental-Behavioral Pediatrician cites the following equipment justifications:

Canopy Bed

- Enclosed environment decreases elopement, zippered opening controlled by caregiver;
- 360-degree enclosed environment allows for independent movement by user, user would not be able to nest or endanger themselves from contact with hard surfaces;
- Placed in an enclosed environment for safety due to impulsive unregulated behaviors;
- Soft-enclosed environment eliminates entrapment from safety rails and bars.

Electronics Hub

- Incorporates a Bluetooth camera for uninterrupted remote monitoring for caregiver;
- Ability to input soothing sounds for low stimulation and sensory regulation;
- Assists to create an environment for sensory regulation to moderate the user’s behaviors;
- Controlled by caregiver via an app that can adjust the settings to create a soothing, safe environment to deescalate emotions and behaviors.

Safety Sheet

- Intended for prevention of entrapment or nesting with full zipped edge sheet to create one even surface without risk of entanglement in a loose sheet or entrapment between mattress and bed edge.

Tensioned Canopy Padding

- Intended to protect the user from injury due to self-injurious behaviors.

(Exhibit 19: Letter of Medical Necessity)

24. On [REDACTED] [REDACTED] 2023, CHNCT submitted a request for an external review to by a board certified pediatrician with MCMC. MCMC determined the CPS bed as not medically necessary based on the Department's definition of medical necessity:

- There are no scientific journals or recommendations from physician societies on the need for this bed;
- There is no medical documentation that shows soothing sounds and lighting will impact this child's self-regulation;
- Parent would like this device to look at the patient while he is in bed;
- The patient could utilize a basic bed with mesh that would be more cost effective.

MCMC writes, "There are no peer reviewed literature sources that state the cubby bed is medically needed for this member. There is no medical documentation that shows soothing sounds and lighting will impact this child's self-regulation. There is no documentation stating a camera that requires the use of a smartphone or tablet with cellular or internet connection for monitoring using a software application. These devices are not typically used for medical purposes." (Exhibit 20: Medical Review Request)

25. Section 17b-262-673(8) of the Regulations of Connecticut State Agencies defines DME as equipment that (1) can withstand repeated use, (2) is primarily and customarily used to serve a medical purpose, (3) is not generally useful in the absence of an illness or injury, and (4) is not disposable. (Exhibit 20: Medical Review Request)

26. On [REDACTED] [REDACTED] 2023, CHNCT issued the Appellant a notice informing her the denial of authorization for the CPS bed was upheld for the reason the CPS Bed model with the Technology Hub is not considered DME because it requires the use of a smartphone or tablet with a cellular or internet connection which are not mainly used for a medical purpose. (Exhibit 22: Determination Letter)

27. 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] [REDACTED] 2023. However, the hearing, which was originally scheduled for [REDACTED] [REDACTED] 2023, was rescheduled for [REDACTED] [REDACTED] 2023, at the request of the Appellant, which caused a [REDACTED]-day delay. Because this [REDACTED]-day delay resulted from the Appellant's request, this decision is not due until [REDACTED] [REDACTED] 2023, and therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes provides as follows:

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.

2. State statute provides as follows:

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. Stats. § 17b-259b(a)

“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)

State statute provides as follows:

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)

3. State statute provides as follows:

“Durable medical equipment” means equipment that meets all of the following requirements:

- A. Can withstand repeated use;
- B. Is primarily and customarily used to serve a medical purpose;
- C. Generally is not useful to a person in the absence of an illness or injury; and
- D. Is nondisposable.

Conn. Gen. Stat. § 17b-290

Section 17b-262-672 of the Regulations of the Connecticut State Agencies (“Regs., Conn. State Agencies”) provides as follows:

Sections 17b-262-672 through 17b-262-682 of the Regulations of Connecticut State Agencies set forth the Department of Social Services requirements for the payment of durable medical equipment (DME) to providers, for clients who are determined eligible to receive services under Connecticut Medicaid pursuant to section 17b-262 of the Connecticut General Statutes (CGS).

State statute provides in pertinent part: “The Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program.” Conn. Gen. Stat. § 17b-262

State regulation provides as follows:

“Durable medical equipment” or “DME” means equipment that meets all of the following requirements:

- A. Can withstand repeated use;
- B. Is primarily and customarily used to serve a medical purpose;

- C. Generally is not useful to a person in the absence of an illness or injury; and
- D. Is nondisposable.

Regs., Conn. State Agencies § 17b-262-673(8)

CHNCT incorrectly determined the CPS bed does not meet the criteria as DME. The CPS bed meets the criteria of DME under state statute and state regulations as it is meant to withstand repeated use; provides a safe and calming environment for sleep which is important for growth and development; primarily used by individuals with special needs; and not disposable. Although the internet and smartphones, specifically, may be used for non-medical purposes and therefore do not fit the criteria defined by state statute and state regulation as DME and are excluded, the app to operate the CPS bed's sensory and monitoring features can be considered as DME. It can withstand repeated use; its sensory and monitoring features designed specifically for individuals with special needs allow the user to remotely provide the appropriate environment for the individual to achieve the best sleep possible; and is not disposable.

- 4. "Prior authorization" or "PA" means approval for the service or the delivery of goods from the department before the provider actually provides the service or delivers the goods." Regs., Conn. State Agencies § 17b-262-673(20)

State regulation provides as follows:

Payment for DME and related equipment is available for Medicaid clients who have a medical need for such equipment which meets the department's definition of DME when the item is prescribed by a licensed practitioner, subject to the conditions and limitations set forth in sections 17b-262-672 to 17b-262-682, inclusive, of the Regulations of Connecticut State Agencies.

Regs., Conn. State Agencies § 17b-262-675

"The department shall pay for the purchase or rental and the repair of DME, except as limited by sections 17b-262-672 to 17b-262-682, inclusive, of the Regulations of Connecticut State Agencies, that conforms to accepted methods of diagnosis and treatment and is medically necessary and medically appropriate." Regs., Conn. State Agencies § 17b-262-676(a)(1)

State regulation provides as follows:

The department requires prior authorization for: 1) any item identified on the department's published fee schedule as requiring prior authorization; and 2) any item requested under section 17b-262-676(a)(4) of the Regulations of Connecticut State Agencies.

Regs., Conn. State Agencies § 17b-262-678(b)

5. State regulation provides as follows:

When the item for which Medicaid coverage is requested is not on the department's fee schedule, prior authorization is required by the department. The recipient requesting Medicaid coverage for a prescribed item not on the list shall submit such prior authorization request to the department through an enrolled provider of DME. Such request shall include a signed prescription and shall include documentation showing the recipient's medical need for the prescribed item. If the item for which Medicaid coverage is requested is not on the department's fee schedule, the provider shall also include documentation showing that the item meets the department's definition of DME and is medically appropriate for the client requesting coverage of such item.

Regs., Conn. State Agencies § 17b-262-676(a)(4)

“The department shall not pay for anything of an unproven, experimental or research nature or for services in excess of those deemed medically necessary by the department to treat the recipient's condition or for services not directly related to the recipient's diagnosis, symptoms, or medical history.” Regs., Conn. State Agencies § 17b-262-676(b)(1)

CHNCT incorrectly denied the prior authorization request for the CPS bed as not medically necessary. The CPS bed is medically necessary because the CPS bed can provide the minor child the ability to meet his need for sleep in a safe, secure, and calming environment allowing for self-regulation with the integration of the technology hub all needed by the minor child to attain his best achievable health and independent functioning as he grows and matures. Testimony from the Appellant and letters from the Appellant, Pediatrician, Physical Therapist, and Developmental-Behavioral Pediatrician support the medical necessity of the CPS bed for the minor child. The CPS bed promotes and encourages the minor child's ability to self-regulate during overnight episodes of frustration and self-injuring behaviors. The Appellant's ability to monitor the minor child remotely through the camera system and regulate the child's sleep environment without entering the room allows the minor child increased opportunities for self-regulation in a safe environment.

DECISION

The Appellant's appeal is GRANTED.

ORDER

1. CHNCT must rescind its denial of the [REDACTED] 2023 prior authorization request for the CPS bed for the minor child.
2. CHNCT must approve the [REDACTED] 2023 prior authorization request for the CPS bed for the minor child and notify all appropriate parties.
3. Compliance is due 10 days from the date of this hearing decision.

Lisa A. Nyren
Lisa A. Nyren
Fair Hearing Officer

CC: Robin Goss, CHNCT
Fatmata Williams, DSS

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.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within **45** days of the mailing of this decision, or **45** days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on § 4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 165 Capitol Avenue, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days 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.