

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

██████████, 2024
Signature Confirmation

Case ID # ██████████
Client ID # ██████████
Request # ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2023, Community Health Network of Connecticut (“CHNCT”) a contractor for the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA) denying her request for authorization for a panniculectomy.

On ██████████, 2023, the Appellant requested an administrative hearing to contest the CHNCT’s decision to deny the authorization request for a panniculectomy.

On ██████████, 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2023.

On ██████████, 2023, the Appellant requested to reschedule the administrative hearing.

On ██████████, 2023, the OLCRAH issued a notice rescheduling the administrative hearing for ██████████, 2024.

On ██████████, 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:

██████████, Appellant
██████████, Appellant’s Witness
Robin Goss, BSN, RN, CHNCT Representative
Joseph Davey, Administrative Hearing Officer

The hearing record remained open until [REDACTED], 2024, for the submission of additional information from the Appellant. All information was received from the Appellant on [REDACTED], 2024, and the record closed accordingly. The record was reopened on [REDACTED], 2024, to allow CHNCT to complete a reconsideration review of the information submitted by the Appellant. The hearing record closed on [REDACTED], 2024, when CHNCT provided its completed reconsideration review.

STATEMENT OF THE ISSUE

The issue is whether CHNCT's [REDACTED], 2023, denial of prior authorization for a panniculectomy as not medically necessary was in accordance with state statute and regulation.

FINDINGS OF FACT

1. The Appellant is [REDACTED] years old (DOB [REDACTED]) and a recipient of Medicaid. (Appellant's testimony)
2. On [REDACTED], 2022, the Appellant met with [REDACTED], RD, of [REDACTED] for bariatric nutrition counseling. The Appellant's primary diagnosis was listed as morbid obesity. The visit was the Appellant's last of (6) required classes prior to gastric restriction surgery. Ms. [REDACTED] commented that the Appellant "*is nutritionally cleared (for surgery) at this time.*" The Appellant's weight was noted as (221) pounds. (Appellant's Exhibit A: Medical Records)
3. On [REDACTED], 2022, the Appellant underwent gastric restriction surgery (sleeve gastrectomy) to reduce her weight. The surgery was performed by Dr. [REDACTED], MD, at [REDACTED] in [REDACTED], CT. (Exhibit 1: Prior Authorization Request dated [REDACTED])
4. On [REDACTED], 2022, the Appellant met with [REDACTED], RN, CDN, of [REDACTED] for an outpatient bariatric post-op nutrition assessment. The Appellant's primary diagnosis was listed as "*S/P Bariatric Surgery*". Ms. [REDACTED] noted in relevant part that the Appellant "*reports feeling more energized...She reports that she goes to the gym 5 days per week, in the am and walks, does the treadmill and the stair stepper, 5 lb hand weights to start. She is trying to eat a balanced diet, I encourage her to eat more green vegetables, wider variety of beans and add more whole grains like quinoa, bulgur, barley, as she reports being anemic pre-op...Patient (the Appellant) is doing well, her goal is to get down to 165 lbs. Follow up in [REDACTED] 2022.*" The Appellant's weight was noted as (196) pounds. (Appellant's Exhibit A)

5. On [REDACTED], 2022, the Appellant met with Ms. [REDACTED] for post-op bariatric nutrition counseling. The Appellant's primary diagnosis was listed as "S/P Bariatric Surgery". Ms. [REDACTED] noted in relevant part that the Appellant *"overall reports she feels well, denies nausea, vomiting, diarrhea, constipation...Continues to lose weight. Has been going to the gym, going to the park and biking to stay active 3x/wk for an hour."* The Appellant's weight was noted as (176) pounds. (Appellant's Exhibit A)
6. On [REDACTED] 22, 2022, the Appellant met with Ms. [REDACTED] for post-op bariatric nutrition counseling. The Appellant's primary diagnosis was listed as *"Morbid obesity, S/P Bariatric Surgery"*. Ms. [REDACTED] noted in relevant part that the Appellant *"denies nausea, vomiting, diarrhea, constipation. Patient (the Appellant) reports she is happy with her weight either maintaining or getting to the goal of 155 lbs. Has been exercising and reports it is feeling good."* The Appellant's weight was noted as (159) pounds. (Appellant's Exhibit A)
7. On [REDACTED], 2023, the Appellant met with Ms. [REDACTED] for post-op bariatric nutrition counseling. The Appellant's primary diagnosis was listed as "S/P Bariatric Surgery". Ms. [REDACTED] noted in relevant part that the Appellant *"has been maintaining 143-145 lbs, comfortable wt for pt. She is now in the healthy weight range. She has been exercising at home 3x/wk. Reports it is feeling good. All questions answered. To gradually increase physical activity (per MD approval)."* The Appellant's weight was noted as (143) pounds. (Appellant's Exhibit A)
8. On [REDACTED], 2023, the Appellant met with Ms. [REDACTED] for post-op bariatric nutrition counseling. The Appellant's primary diagnosis was listed as "S/P Bariatric Surgery". Ms. [REDACTED] noted in relevant part that the Appellant *"is in the normal BMI range. Practicing bariatric basics. Denies nausea, vomiting, diarrhea, constipation. Has been exercising at home, reports it is feeling good. All questions answered."* The Appellant's weight was noted as (130) pounds. (Appellant's Exhibit A)
9. On [REDACTED], 2023, the Appellant met with Dr. [REDACTED], MD, of [REDACTED] regarding abdominal contouring. Dr. [REDACTED] noted that the Appellant complained of *"recurrent rashes and skin breakdown for 4 months. These rashes have not improved despite antifungal and steroid creams."* Dr. [REDACTED] rated the Appellant's pannus as grade 1/2. (Exhibit 1)
10. On [REDACTED] [REDACTED], 2023, CHNCT, the Department's contractor responsible for reviewing medical requests for prior authorization, received a prior authorization request from Dr. [REDACTED] for a panniculectomy for the Appellant. (Exhibit 1)
11. A panniculectomy is a surgical removal of excess lower abdominal skin. (Exhibit 3: Notice of Action dated [REDACTED])

12. On [REDACTED], 2023, CHNCT reviewed and subsequently denied Dr. [REDACTED]'s prior authorization request for the Appellant. The reasons cited for the denial were as follows: *"There is no documentation of any skin findings consistent with recurrent rashes or skin breakdown noted. In addition, there is no definitive documentation of at least a Grade 2 pannus that extends below the level of the symphysis pubis. There is also no medical record documentation over time to support that this member's weight has been stable. Lastly, there are no physical exam findings and medical records over time that support that there have been recurrent or persistent rashes under the pannus that have failed to respond to medical treatment (e.g., local or systemic antibiotics, antifungal agents, topical or systemic corticosteroid treatment) for at least 12 weeks. Therefore, this request cannot be approved."* (Exhibit 2: Medical Review dated [REDACTED], Hearing Record)
13. On [REDACTED], 2023, CHNCT sent the Appellant a NOA denying the prior authorization request for a panniculectomy. (Exhibit 3)
14. On [REDACTED], 2023, the OLCRAH received an appeal/administrative hearing request from the Appellant contesting CHNCT's denial of prior authorization for a panniculectomy. (Exhibit 4: Administrative Hearing Request dated [REDACTED], Hearing Record)
15. On [REDACTED], 2023, CHNCT sent the Appellant an Acknowledgement letter confirming they had received her appeal and were reviewing it. (Exhibit 5: Acknowledgement letter dated [REDACTED], Hearing Record)
16. On [REDACTED], 2023, CHNCT sent requests for additional information regarding the Appellant's appeal request for the denial of prior authorization for a panniculectomy to Dr. [REDACTED] and Dr. [REDACTED]. (Exhibit 6: Medical Record Request to Dr. [REDACTED] dated [REDACTED], Exhibit 7: Medical Record Request to Dr. [REDACTED] dated [REDACTED], Hearing Record)
17. On [REDACTED], 2023, Dr. [REDACTED]'s office notified CHNCT that no additional information would be provided for the appellant's appeal. (Hearing Record)
18. On [REDACTED], 2023, CHNCT sent a second request for additional information to Dr. [REDACTED]. No response or additional information was received from Dr. [REDACTED]. (Exhibit 8: Second Medical Record Request to Dr. [REDACTED] dated [REDACTED], Hearing Record)
19. On [REDACTED], 2023, CHNCT began its review of the Appellant's appeal. (Exhibit 9: Medical Review Request dated [REDACTED])
20. CHNCT's medical reviewer used InterQual Criteria as a guideline along with all documentation provided by the Appellant to determine whether the Appellant's panniculectomy would be considered medically necessary. InterQual is a screening tool used to assist in the determination of whether the proposed medical

procedure(s), in the Appellant's case panniculectomy, are medically necessary. These criteria do not include abdominoplasty. InterQual Criteria for an abdominal panniculectomy are as follows:

1. Choose One:
 - A. Post bariatric procedure and \geq Grade 2* panniculus or panniculus extends below the level of the symphysis pubis
 - B. Massive weight loss without bariatric surgery and \geq Grade 2* panniculus or panniculus extends below the level of symphysis pubis
 - C. No massive or significant weight loss or bariatric surgery and \geq Grade 2* panniculus or panniculus extends below the level of the symphysis pubis
 - D. To be performed in conjunction with abdominal or gynecological surgery
 - E. Other clinical information (add comment)
2. Choose all that apply:
 - A. \geq 1 year since bariatric surgery
 - B. Body mass index (BMI) $<$ 30 kg/m²
 - C. Weight loss \geq 100 lbs (45.36 kg)
 - D. Other clinical information (add comment)
3. Weight stable for \geq 6 months
 - A. Yes
 - B. No
4. Choose all that apply:
 - A. Panniculus causes limitations in ambulation or physical activity
 - B. Panniculus interferes with ADLs
 - C. Nonhealing ulceration under panniculus
 - D. Chronic maceration or necrosis of overhanging skin folds
 - E. Recurrent or persistent skin infection under panniculus
 - F. Intertriginous dermatitis or cellulitis or panniculitis
 - G. Other clinical information (add comment)
5. Choose all that apply:
 - A. Local or systemic antibiotic treatment \geq 12 weeks
 - B. Topical or systemic corticosteroid treatment \geq 12 weeks
 - C. Topical antifungal medication treatment \geq 12 weeks
 - D. Other clinical information (add comment)
6. Continued symptoms or findings after treatment
 - A. Yes
 - B. No
7. Choose all that apply
 - A. Body mass index (BMI) $<$ 30 kg/m²
 - B. Weight loss \geq 100 lbs (45.36 kg/m²)
 - C. Other clinical information (add comment)

*The severity of a panniculus is graded as:

Grade 1: Panniculus covers hairline and mons pubis but not the genitals

Grade 2: Panniculus covers genitals and upper thigh crease

Grade 3: Panniculus covers upper thigh
Grade 4: Panniculus covers mid-thigh
Grade 5: Panniculus covers knees and below

“A Panniculectomy would only be appropriate for resection of a large panniculus which, for the purposes of these criteria, is defined as a panniculus which extends below the level of the symphysis pubis or at least Grade 2.”
(Exhibit 9, CHNCT’s testimony)

21. On [REDACTED], 2023, CHNCT completed its review of the Appellant’s appeal and determined the following: *“Based on review of the clinical information provided and comparison with the DSS definition of medical necessity, which is consistent with the clinical practice standards and peer-reviewed literature established by the American Society of Plastic Surgeons, the request for the approval of the panniculectomy procedure is denied as a procedure that is not considered medically necessary at this time. The clinical documentation does not demonstrate that the patient suffers from any significant physical symptoms that are causing functional impairment impairing the patient’s ability to perform activities of normal daily living and there is no documentation that the patient has failed a trial of a medically supervised conservative therapy including but not limited to, physical therapy, the use of appropriate antiinflammatory agents, and appropriate local hygiene and topical pharmacologic treatments for intertrigo as supervised by a medical professional for 12 weeks. The documentation provided is only attestation information and that does not satisfy the medical necessity criteria defined in the medical policy...The documentation also does not demonstrate that the abdominal panniculus is long and large enough (Grade 2 pannus) to significantly impede the member’s ability to ambulate or otherwise function.”* (Exhibit 10: Medical Review dated [REDACTED])
22. On [REDACTED] 2023, CHNCT sent a letter to the Appellant informing her of its decision to uphold the [REDACTED], 2023, prior authorization request denial of the panniculectomy. (Exhibit 11: Determination letter dated [REDACTED])
23. The Appellant is currently undergoing therapy with a psychologist, Dr. [REDACTED] of [REDACTED] in [REDACTED], CT. The Appellant suffers from bipolar disorder and has been seeing a psychologist since roughly the age of five. The Appellant’s mental health is exacerbated by the appearance of her stomach. (Appellant’s testimony, Appellant’s Witness’ testimony)
24. The Appellant complains of an ongoing rash in her abdominal area. Pictures provided of the Appellant’s abdomen display that there is redness in the lower abdominal area. (Appellant’s Exhibit A, Appellant’s testimony)
25. On [REDACTED], 2024, after the administrative hearing, the Appellant met with [REDACTED], DMSc, PA-C, of [REDACTED] regarding abdominal contouring. Dr. [REDACTED] noted in relevant part that the Appellant *“has also developed and been treated for a chronic rash in the area underneath her*

abdominal pannus. She details that the rash is painful and makes working and wearing clothes very painful. She complains of recurrent rashes and skin breakdown for 8 months.” Dr. ██████ noted in her physical exam of the Appellant that “there is an overlaying abdominal pannus (closer to grade 2). Below pannus there is an area of significant rash with obvious skin breakdown and excoriation. Area is significantly tender to palpitation.” (Appellant’s Exhibit A)

26. On ██████, 2024, at 5:39 PM, The Appellant submitted additional information for the hearing record. The additional information was received on ██████, 2024, as it was submitted after the close of business [4:30 PM]. (Hearing Record)
27. On ██████, 2024, CHNCT began a reconsideration review of the additional information submitted by the Appellant on ██████, 2024. (Exhibit 12: Reconsideration Medical Review Request dated ██████)
28. On ██████, 2024, CHNCT completed the reconsideration review of the additional information submitted by the Appellant and determined the following: *“Additional information was submitted and reconsidered from the member which was reviewed. This request is for a 29-year-old female member who underwent sleeve gastrectomy ██████/2022, and who has had sustained weight loss of 92 lbs., which has been stable. While the member reports ongoing rashes which have not responded to medical therapy for at least 12 consecutive months, there is no substantiating evidence of such. There is a single pharmacy claim for Nystatin (antifungal) 100,000 units/gm powder on ██████/23. The submitted photos show no evidence of chronic intertrigo or breakdown. Furthermore, a pannus is considered a functional limitation warranting surgical intervention when it reaches a Grade 2 in nature. A Grade 2 pannus is one which hangs below the mons pubis. The submitted photos do not support the member has a Grade 2 pannus. Given the above, the prior determination remains and the denial of requested panniculectomy is upheld as there is no new information to support the medical necessity of this procedure.”* A copy of the denial was provided to the Appellant. (Exhibit 13: Reconsideration Medical Review dated ██████)
29. The issuance of this decision is timely under Connecticut General Statutes § 17b-61(a), which requires that a decision be issued within ██████ days of the request for an administrative hearing. The Appellant requested an administrative hearing on ██████, 2023. Therefore, this decision is due no later than ██████, 2024. However, the hearing, which was originally scheduled for ██████, 2023, was rescheduled for ██████, 2024, at the request of the Appellant, which caused a (27) day delay. The hearing record was further extended (8) days to allow for the submission of information from the Appellant, and (12) days to allow CHNCT to review the submitted information. Because the total delay of (47) days resulted from the Appellant’s request, this decision is not due until ██████, 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.

Conn. Gen. Stat. § 17b-261b provides that the Department of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by said department.

Conn. Gen. Stat. § 17b-259b(a) provides that 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.

Section 17b-262-527 of the Regulations of Connecticut State Agencies (“Regs., Conn. State Agencies”) provides for Need for goods or services. The Department shall review the medical appropriateness and medical necessity of medical goods and services provided to Medical Assistance Program clients both before and after making payment for such goods and services.

CHNCT, as the Department’s contractor, has the right to determine medical necessity for services provided under medical assistance programs administered by the Department of Social Services.

2. Regs., Conn. State Agencies § 17b-262-337 provides for Scope. Sections 17b-262-337 to 17b-262-349, inclusive, of the Regulations of Connecticut State Agencies, set forth the Department of Social Services requirements for payment of accepted methods of treatment performed by or under the personal supervision of licensed physicians for clients who are determined eligible to receive services under Connecticut's Medicaid Program pursuant to section 17b-261 of the Connecticut General Statutes.

Regs., Conn. State Agencies § 17b-262-338(6)(23)(33)(46) provide for Definitions. For the purposes of sections 17b-262-337 to 17b-262-349, inclusive, of the Regulations of Connecticut State Agencies, the following definitions shall apply: (6) Billing provider means a physician, physician group or other entity enrolled in Medicaid that bills the department for physicians' services...(23) ICD means the International Classification of Diseases established by the World Health Organization or such other disease classification system that the department currently requires providers to use when submitting Medicaid claims...(32) Medical necessity or medically necessary has the same meaning as provide in section 17b-259b of the Connecticut General Statutes...(46) Physicians' services mean services that are billed by the billing provider and are provided: 1. By an individual physician who is also the billing provider; 2. By a physician who is employed by or affiliated with the billing provider; or 3. By an AHP working under the personal supervision of a physician who is employed by or affiliated with the billing provider...(47) Prior authorization means approval for the provision of a service or the delivery of goods from the department before the provider actually provides the service or delivers the goods.

Conn. Gen. Stat. § 17b-259b(b) provides that Clinical policies, medical policies, 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(d) provides that 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.

CHNCT correctly used Interqual Criteria solely as a guideline to assist in determining the medical necessity of the Appellant's proposed panniculotomy.

3. Regs., Conn. State Agencies § 17b-262-340 provides that payment to a billing provider for physicians' services billed by the billing provider shall be available on behalf of clients who have a need for such services, provided such services are medically necessary, subject to the conditions and limitations which apply to these services.

Regs., Conn. State Agencies § 17b-262-341(1)(2)(9) provide that the Department shall pay billing providers for the following physicians' services: (1) Those procedures that are medically necessary to treat the client's condition; (2) Physicians' services provided in an office, a general hospital, the client's home, a chronic disease hospital, nursing facility, ICF/MR or other medical care facility...(9) Surgical services necessary to treat morbid obesity as defined by the ICD that causes or aggravates another medical illness, including illnesses of the endocrine system or the cardio-pulmonary system, or physical trauma associated with the orthopedic system.

Regs., Conn. State Agencies § 17b-262-342(4)(11)(12) provide for Goods and services that are not covered. The department shall not pay for the following goods or services or goods or services related to the following: (4) Cosmetic surgery...(11) Services to treat obesity other than those described in section 17b-262-341(9) of the Regulations of Connecticut State Agencies; and (12) Any procedures or services of an unproven, educational, social, research, experimental or cosmetic nature; any diagnostic, therapeutic or treatment services in excess of those deemed medically necessary by the department to treat the client's condition or services not directly related to the client's diagnosis, symptoms or medical history.

Regs., Conn. State Agencies § 17b-262-344(a)(5)(f)(h) provides for Prior Authorization. (a) Prior authorization, on forms and in the manner specified by the department, is required in order for payment to be available for the following physicians' services. Prior authorization is also required for services designated by the department and published on its website or by other means accessible to providers...(5) plastic surgery...(f) Except in emergency situations, the provider shall receive prior authorization before rendering services...(h) In order to receive payment from the department, a billing provider shall comply with all prior authorization requirements. The department, in its sole discretion, determines what information is necessary in order to approve a prior authorization request. Prior authorization does not guarantee payment unless all other requirements for payment are met.

Regs., Conn. State Agencies § 17b-262-531(g) provides for Payment limitations. Payment, by the Department, to all providers shall be limited to medically appropriate and medically necessary goods or services furnished to Medical Assistance Program clients. The following payment limitations shall also apply: (g) the department shall not pay for any procedures, goods, or services of an

unproven, educational, social, research, experimental, or cosmetic nature; for any diagnostic, therapeutic, or treatment goods or services in excess of those deemed medically necessary and medically appropriate by the department to treat the client's condition; or for services not directly related to the client's diagnosis, symptoms, or medical history.

Regs., Conn. State Agencies § 17b-262-528(a) provides for Prior Authorization. (a) For prior authorization, to determine medical appropriateness and medical necessity, shall be required as a condition of payment for certain Medical Assistance Program goods or services as set forth in the regulations of the department governing specific provider types and specialties. The department shall not make payment for such goods and services when such authorization is not obtained by the provider of the goods or services.

CHNCT correctly determined the Appellant's proposed panniculectomy is not medically necessary as outlined in state statute and regulation.

4. Conn. Gen. Stat. § 17b-259b(c) 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.

On [REDACTED], 2023, CHNCT correctly issued a NOA notifying the Appellant that her request for a proposed panniculectomy was denied. The letter correctly included the guidelines and criteria that were considered in making the determination.

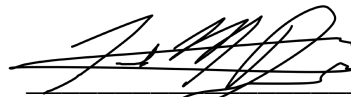
DISCUSSION

The evidence and testimony presented at the administrative hearing do not support the medical necessity of the Appellant's proposed panniculectomy. The Appellant's Panniculus is not Grade 2 (does not cover her genitals and upper thigh crease), she did not provide medical documentation that supports that she has a chronic and persistent rash or ulcerations that have not responded to non-surgical treatments after 12 weeks, and did not present evidence that established a functional impairment which interferes with her daily activities.

The undersigned finds that CHNCT's [REDACTED], 2023, decision to deny prior authorization of the Appellant's proposed panniculectomy was correct.

DECISION

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

A handwritten signature in black ink, appearing to read 'J. Davey', is written over a horizontal line.

Joseph Davey
Administrative Hearing Officer

CC: appeals@chnct.org
Fatmata Williams, DSS, CO

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.