

**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 ID # ██████████
Client ID # ██████████
Request # ██████████

NOTICE OF DECISION
PARTY

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PROCEDURAL BACKGROUND

On ██████████, 2023, ██████████ (“the “Facility”) issued a Notice of Decision Not To Readmit/Notice of Emergency Discharge to ██████████ (the “Appellant”) indicating its intent to refuse her readmittance; citing as its reason that her welfare or the welfare of others would be endangered if she were allowed to return.

On ██████████, 2023, the Appellant requested an administrative hearing to contest the Facility’s proposed refusal to readmit.

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

On ██████████, 2023, in accordance with Connecticut General Statutes, § 19a-535 and 4-176e to 4-184, inclusive, the OLCRAH held an administrative hearing to address the Facility’s intended refusal to readmit Appellant.

The following individuals participated in the hearing:

██████████, ██████████, Appellant's Conservator
██████████, Facility Administrator, ██████████
██████████, Facility Director of Nursing, ██████████
██████████, Director of Social Services, ██████████
██████████, Director of Social Work and Administration, ██████████
██████████, MD, Consultant, ██████████
Joseph Davey, Administrative Hearing Officer

The Appellant did not attend the hearing; she was represented by her conservator.

The hearing record remained open for the submission of additional information from the Conservator and the Facility. Information was submitted by both parties and the hearing record closed on ██████████, 2023.

STATEMENT OF THE ISSUE

The issue is whether the Facility followed state law and federal regulation when it proposed to refuse readmittance of the Appellant.

FINDINGS OF FACT

1. On ██████████, 2022, the Appellant was admitted to ██████████ for cellulitis of the left knee and evaluation of sepsis. (Facility's Exhibit 10: New Admission packet).
2. On ██████████, 2022, the Appellant was admitted to the Facility for rehabilitation and treatment for cellulitis of the left knee and sepsis. The Appellant had additional admitting diagnoses which included schizoaffective disorder (bipolar type), morbid obesity, type II diabetes, and borderline personality disorder. (Facility's Exhibit 10, Appellant's Exhibit H: Admission Record)
3. The Appellant has a history of self-injurious behavior, violence, and a suicide attempt. (Facility's Exhibit 10)
4. On ██████████, 2023, the Appellant called emergency services ("911") because she "did not feel safe at the Facility" and was transferred to ██████████. (Facility's Exhibit 8: Timeline ██████████-██████████)
5. On ██████████, 2023, ██████████ transferred the Appellant to the ██████████ Behavioral Unit on a Physician's Emergency Certificate ("PEC"). A PEC allows a physician to transfer or admit a patient against their will to a facility for 15 days. (Facility's Exhibit 8, Facility's testimony)

6. On [REDACTED], 2023, the [REDACTED] Behavioral Unit discharged the Appellant back to the Facility. (Facility's Exhibit 8)
7. On [REDACTED], 2023, the Appellant threatened to harm another resident and was transferred to [REDACTED]. (Facility's Exhibit 8)
8. On [REDACTED], 2023, [REDACTED] discharged the Appellant back to the Facility. (Facility's Exhibit 8)
9. On [REDACTED], 2023, the Facility moved the Appellant to a private room because she threatened to harm her roommate. The Appellant remained in a private room for the duration of her time in the Facility because Facility staff felt she posed a danger to other residents. (Facility's testimony)
10. On [REDACTED], 2023, the Appellant called 911 because she *"did not feel safe"* at the Facility. Officer [REDACTED] of the [REDACTED] ("GPD") arrived in response to the Appellant's call and conversed with the Appellant regarding the reason for her 911 call. The Appellant stated that she *"heavily dislikes [REDACTED] and feels like they don't provide her the psych care that she desires."* Officer [REDACTED] then explained, *"if she (the Appellant) wants to be transported to the hospital, I could request an ambulance to take her."* Officer [REDACTED] entered the Appellant's room to inform her that transfer to the hospital had been arranged and the Appellant *"instantaneously threw a landline phone on the ground and rolling table at me which struck me in the leg."* Officer [REDACTED] noted *"I requested an additional officer due to her becoming combative. [REDACTED] (the Appellant) was screaming and crying while I pushed any nearby objects away from her along with staff and calmed her down using verbal commands. Once calm, I explained to [REDACTED] (the Appellant) that due to her combative, assaultive and suicidal behavior she now had to go to the hospital involuntarily."* The Appellant was then transferred to [REDACTED]. (Facility's Exhibit 8, Facility's Exhibit 11: [REDACTED] Police Department Case/Incident Reports)
11. On or about [REDACTED], 2023, [REDACTED] discharged the Appellant back to the Facility. (Facility's Exhibit 8, Appellant's Exhibit L: Conservator Billing/Activity notes)
12. On [REDACTED], 2023, the Appellant threw a plate at a Certified Nurse's Assistant and was transferred to [REDACTED]. (Facility's Exhibit 8, Appellant's Exhibit L)
13. On or about [REDACTED], 2023, [REDACTED] discharged the Appellant back to the Facility. (Appellant's Exhibit L)

14. Between [REDACTED], 2023, and [REDACTED], 2023, the Appellant was transferred/discharged from the Facility to the hospital twenty-two (22) times. The Appellant called 911 approximately nineteen (19) times over the same time period. (Facility's Exhibit 8, Facility's testimony)
15. On [REDACTED], 2023, the Facility transferred the Appellant to [REDACTED] on a PEC after she stated *"I want to hurt myself. I want to die. I want to stab myself with a knife or fork."* (Facility's Exhibit 8)
16. On [REDACTED], 2023, [REDACTED] transferred the Appellant to [REDACTED] [REDACTED] ("*REDACTED*"). While at [REDACTED], the Appellant was non-compliant with her medication and treatment. (Facility's Exhibit 8, Appellant's Exhibit K: Admission/Discharge Info [REDACTED], Appellant's Exhibit L)
17. On [REDACTED], 2023, the Facility emailed the Conservator a Bed Hold Notice notifying her that they would hold a bed for the Appellant for up to fifteen (15) days. (Appellant's Exhibit I: Bed Hold Notice)
18. On [REDACTED], 2023, [REDACTED] discharged the Appellant back to the Facility. The Appellant became upset that she *"could not attend recreational activities"* and then *"became aggressive and began to break her glasses and throw things out the room while staff walked by, threw plate while staff in room."* The Appellant then *"called her mom threatening to jump from window."* The Facility called the [REDACTED] who arrived and took statements from the Appellant and staff. (Facility's Exhibit 8)
19. On [REDACTED], 2023, the Appellant called 911 and complained of *"feeling threatened by another resident"* after a disagreement between the two. The [REDACTED] responded, took statements from the Appellant and the other resident, and left. The Appellant called 911 a second time and complained that *"some of her medications had been discontinued."* The [REDACTED] again responded and took a statement from the Appellant. The Appellant called 911 a third time and complained that she was *"unsatisfied with how the police had handled her complaints."* The [REDACTED] responded a third time, and the Appellant stated that she *"was suicidal"* when speaking to the [REDACTED] officers. The Facility then transferred the Appellant to an "acute care facility." (Facility's Exhibit 8)
20. On [REDACTED], 2023, the "acute care facility" discharged the Appellant back to the Facility. (Facility's Exhibit 5: Nurse Notes)
21. On [REDACTED], 2023, the Appellant became upset with a resident of the Facility and *"slammed her walker into him."* The Appellant then stated to Facility staff that she was *"going to kill (the resident) tonight."* The Facility called 911 and the [REDACTED] responded. The Appellant was then transferred via stretcher to [REDACTED] for evaluation. (Facility's exhibit 8, Facility's testimony)

22. On [REDACTED], 2023, [REDACTED] discharged the Appellant back to the Facility. The Appellant began complaining to Facility staff that she “*feels nauseous*” and is “*having chills.*” The Appellant then called 911 and requested to go to the hospital. The Appellant was transferred to [REDACTED]. (Facility’s Exhibit 8)
23. On [REDACTED], 2023, [REDACTED] discharged the Appellant back to the Facility. The Appellant became upset with Facility staff over not receiving “*certain breakfast items*” and called 911. The Appellant stated to the 911 dispatcher that she “*wants to kill half her staff because they don’t help her.*” The Appellant was transferred to [REDACTED]. (Facility’s Exhibit 8, Facility’s Exhibit 11)
24. On [REDACTED], 2023, at approximately 11:30 PM, [REDACTED] discharged the Appellant back to the Facility. The Appellant called 911 after arriving at the Facility and stated that she was going to “*hurt herself and staff.*” (Facility’s Exhibit 8)
25. On [REDACTED], 2023, [REDACTED] arrived at the Facility and the Appellant was emergently transferred to [REDACTED]. The Facility did not develop a discharge plan for the Appellant. (Facility’s Exhibit 8, Facility’s testimony)
26. On [REDACTED], 2023, the Facility mailed a Notice of Emergency Discharge and a Bed Hold Notice to the Appellant’s conservator at [REDACTED], CT [REDACTED]. (Facility’s Testimony)
27. On [REDACTED], 2023, [REDACTED] contacted the conservator to inform her that the Appellant is “*going to [REDACTED] in [REDACTED] on a Physician’s Emergency Certificate.*” (Appellant’s Exhibit L)
28. On [REDACTED], 2023, [REDACTED] (“[REDACTED]”) called the Conservator’s office to inform her that “*the police were called as the client (the Appellant) punched another resident in the face.*” (Appellant’s Exhibit L)
29. On [REDACTED], 2023, the Facility, represented in part by medical director Dr. [REDACTED], administrator [REDACTED], and director of admissions [REDACTED], conducted a consultation via ZOOM (a video conferencing service) with [REDACTED], represented by behavioral therapist [REDACTED] and psychiatrist Dr. [REDACTED]. The Appellant and the Conservator were both present for the consultation. Discussed during the consultation were the Facility’s concerns regarding readmission, specifically the Facility’s responsibility to ensure the safety of its residents, the Appellant’s prior history in the Facility, the Appellant’s worsening “*behavioral cycles*”, the Appellant’s past and present medical history and medications, and options for discharge to an alternate location. [REDACTED] contended that the Appellant had not “*acted out in the past 3 days*” and that they had stopped administering intramuscular injections of psychiatric medication (a procedure the Facility did not have the ability or licensing to perform)

prior to the consultation. The Conservator raised concerns that absent readmission to the Facility, there was no safe discharge plan in place for the Appellant. (Facility's Exhibit 2: Minutes from Consultative Process meeting on [REDACTED], Facility's testimony, Conservator's testimony)

30. On [REDACTED], 2023, the Conservator made referrals to obtain placement for the Appellant at [REDACTED] at [REDACTED] in [REDACTED], CT, [REDACTED] at [REDACTED] in [REDACTED], CT, [REDACTED] in [REDACTED], CT, [REDACTED] in [REDACTED], CT, [REDACTED] in [REDACTED], CT, [REDACTED] in [REDACTED], CT, [REDACTED] in [REDACTED], CT, and [REDACTED] in [REDACTED], CT. All referrals were declined citing that they "could not accommodate" the Appellant. (Appellant's Exhibit O: Referral Documentation)
31. On [REDACTED], 2023, the Conservator submitted a request for the [REDACTED] [REDACTED] ("[REDACTED]") Diversion Nurse Services. [REDACTED] Diversion Nurses aid in obtaining placement for people with mental illnesses. The Conservator's request for [REDACTED] Diversion Nurse services was in addition to a prior request from [REDACTED] 2023, to obtain placement at [REDACTED] ("[REDACTED]"). The Appellant is currently on the waitlist for placement at [REDACTED]. (Appellant's Exhibit Q: DMHAS Diversion Nurse Referral)
32. On [REDACTED], 2023, the Facility submitted a "Notice of Decision Not to Readmit/Notice of Emergency Discharge" form to the Appellant, [REDACTED], and the Conservator. (Facility's Exhibit 1: Notice of Decision Not to Readmit/Notice of Emergency Discharge dated [REDACTED])
33. On [REDACTED], 2023, the Facility electronically reported its refusal to readmit the Appellant to the State Ombudsman portal. (Facility's Exhibit 4: Proof of Upload to Ombudsman portal dated [REDACTED], Appellant's Exhibit P: Emails regarding Notice of Decision Not to Readmit)
34. On [REDACTED], 2023, the [REDACTED] informed the Conservator that they had discharged the Appellant to her mother's apartment. [REDACTED] did not inform the Conservator or the Facility that the Appellant was medically ready for discharge. (Appellant's Exhibit R: Discharge Info [REDACTED])
35. On [REDACTED], 2023, the Appellant called emergency services and was taken from her mother's apartment to [REDACTED] in [REDACTED], CT. The Appellant was transferred on the same day to the [REDACTED] Behavioral Unit in [REDACTED], CT. (Conservator's testimony)

36. On [REDACTED], 2023, the Facility contacted the Conservator via email to request an update on the Appellant's status at [REDACTED]. The Facility noted that *"we have sent messages thru the hospital referral portal as well as an email to [REDACTED] but we have not received any follow up."* The Conservator then informed the Facility that [REDACTED] had discharged the Appellant to her mother's apartment. (Appellant's Exhibit T: Status Communication emails between Conservator and Facility)
37. The Facility held a bed for the Appellant from [REDACTED], 2023, the date of the emergency transfer, through [REDACTED], 2023, when they were informed of her discharge from [REDACTED]. (Facility's testimony)
38. At the time of the hearing, the Appellant remains at the [REDACTED] Behavioral Unit in [REDACTED], CT. (Conservator's testimony)
39. The issuance of this decision is timely under Connecticut General Statutes ("Conn. Gen. Stat.") §19a-535 (h) (1) which requires that a decision be issued not later than thirty days after the termination of the hearing or not later than sixty days after the date of the hearing request, whichever occurs sooner. The hearing was requested on [REDACTED], 2023, and held on [REDACTED], 2023. Thirty days from [REDACTED], 2023, is [REDACTED], 2024. Sixty days from [REDACTED], 2023, is [REDACTED], 2024. However, due to a [REDACTED] (7) day extension granted to the Conservator and the Facility to submit additional exhibits, this hearing is due no later than [REDACTED], 2024, using the [REDACTED]-day language.

CONCLUSIONS OF LAW

1. Conn. Gen. Stat. § 19a-535 (a) (1) defines "Facility" as an entity certified as a nursing facility under the Medicaid program or an entity certified as a skilled nursing facility under the Medicare program or with respect to facilities that do not participate in the Medicaid or Medicare programs, a chronic and convalescent nursing home or a rest home with nursing supervision as defined in section 19a-521.

Conn. Gen. Stat. § 19a-535 (a) (3) defines "transfer" as the movement of a resident from one facility to another facility or institution, including, but not limited to, a hospital emergency department, if the resident is admitted to the facility or institution or is under the care of the facility or institution for more than twenty-four hours.

Conn. Gen. Stat. § 19a-535 (a) (6) defines "emergency" as a situation in which a failure to affect an immediate transfer or discharge of the resident that would endanger the health, safety, or welfare of the resident or other residents.

The Facility correctly determined that failure to immediately and emergently effect a transfer/discharge of the Appellant would endanger the health and safety of individuals in the facility.

2. Conn. Gen. Stat. § 19a-535 (c) (1) provides that before effecting any transfer or discharge of a resident from the facility, the facility shall notify, in writing, the resident and the resident's guardian or conservator, if any, or legally liable relative or other responsible party if known, of the proposed transfer or discharge, the reasons therefor, the effective date of the proposed transfer or discharge, the location to which the resident is to be transferred or discharged, the right to appeal the proposed transfer or discharge and the procedures for initiating such an appeal as determined by the Department of Social Services, the date by which an appeal must be initiated in order to preserve the resident's right to an appeal hearing and the date by which an appeal must be initiated in order to stay the proposed transfer or discharge and the possibility of an exception to the date by which an appeal must be initiated in order to stay the proposed transfer or discharge for good cause, that the resident may represent himself or herself or be represented by legal counsel, a relative, a friend or other spokesperson, and information as to bed hold and nursing home readmission policy when required in accordance with section 19a-537. The notice shall also include the name, mailing address and telephone number of the State Long-Term Care Ombudsman. If the resident is, or the facility alleges a resident is, mentally ill or developmentally disabled, the notice shall include the name, mailing address and telephone number of the nonprofit entity designated by the Governor in accordance with section 46a-10b to serve as the Connecticut protection and advocacy system. The notice shall be given at least thirty days and no more than sixty days prior to the resident's proposed transfer or discharge, except where the health or safety of individuals in the facility are endangered, or where the resident's health improves sufficiently to allow a more immediate transfer or discharge, or where immediate transfer or discharge is necessitated by urgent medical needs or where a resident has not resided in the facility for thirty days, in which cases notice shall be given as many days before the transfer or discharge as practicable.

Conn. Gen. Stat. § 19a-535 (e) provides that except in an emergency or in the case of transfer to a hospital, no resident shall be transferred or discharged from a facility unless a discharge plan has been developed by the personal physician of the resident or the medical director in conjunction with the nursing director, social worker, or other health care provider. To minimize the disruptive effects of the transfer or discharge on the resident, the person responsible for developing the plan shall consider the feasibility of placement near the resident's relatives, the acceptability of the placement to the resident and the resident's guardian or conservator, if any, or the resident's legally liable relative or other responsible party, if known, and any other relevant factors which affect the resident's adjustment to the move. The plan shall contain a written evaluation of the effects of the transfer or discharge on the resident and a statement of the action taken to minimize such effects. In addition, the plan shall outline the care and kinds of services that the resident shall receive upon transfer or discharge. Not less than thirty days prior to an involuntary transfer or discharge, a copy of the discharge plan shall be provided to the resident's personal physician if the discharge plan was prepared by the medical director, to the resident and the resident's guardian or conservator, if any, or legally

liable relative or other responsible party, if known.

Title 42 of the Code of Federal Regulations § 483.15(c)(1)(ii) provides a facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer, or discharge would pose.

The Facility correctly effected the [REDACTED], 2023, emergency transfer of the Appellant to [REDACTED] pursuant to state statute and federal regulation.

The Facility correctly determined that no discharge plan was required under state statute.

3. Conn. Gen. Stat. § 19a-537 (c) provides a nursing home shall reserve, for at least fifteen days, the bed of a resident who is a recipient of medical assistance and who is absent from such home due to hospitalization unless the nursing home documents that it has objective information from the hospital confirming that the resident will not return to the nursing home within fifteen days of the hospital admission including the day of hospitalization.

Conn. Gen. Stat. § 19a-537 (g) provides that whenever a nursing home has concerns about the readmission of a resident, as required by subsection (e) of this section, based on whether the nursing home has the ability to meet the resident's care needs or the resident presents a danger to himself or herself or to other persons, not later than twenty-four hours after receipt of notification from a hospital that a resident is medically ready for discharge, a nursing home shall request a consultation with the hospital and the resident or the resident's representative. The purpose of the consultation shall be to develop an appropriate care plan to safely meet the resident's nursing home care needs, including a determination of the date for readmission that best meets such needs. The resident's wishes and the hospital's recommendations shall be considered as part of the consultation process. The nursing home shall reserve the resident's bed until completion of the consultation process. The consultation process shall begin as soon as practicable and shall be completed not later than three business days after the date of the nursing home's request for a consultation. The hospital shall participate in the consultation, grant the nursing home access to the resident in the hospital and permit the nursing home to review the resident's hospital records.

The Facility correctly reserved a bed for the Appellant for fifteen (15) days following her [REDACTED], 2023, emergency transfer to [REDACTED].

██████ failed to notify both the Facility and the Conservator that the Appellant was medically ready for discharge.

The Facility correctly conducted a consultation with ██████, the Appellant, and the Conservator.

The Facility met all the requirements of Conn. Gen. Stat. § 19a-537(g) regarding the consultative process.

4. Conn. Gen. Stat. § 19a-537 (h) provides a nursing home shall not refuse to readmit a resident unless: (1) The resident's needs cannot be met in the facility; (2) the resident no longer needs the services of the nursing home due to improved health; or (3) the health and safety of individuals in the nursing home would be endangered by readmission of the resident. If a nursing home decides to refuse to readmit a resident either without requesting a consultation or following a consultation conducted in accordance with subsection (g) of this section, the nursing home shall, not later than twenty-four hours after making such decision, notify the hospital, the resident and the resident's guardian or conservator, if any, the resident's legally liable relative or other responsible party, if known, in writing of the following: (A) The determination to refuse to readmit the resident; (B) the reasons for the refusal to readmit the resident; (C) the resident's right to appeal the decision to refuse to readmit the resident; (D) the procedures for initiating such an appeal, as determined by the Commissioner of Social Services; (E) the resident has twenty days from the date of receipt of the notice from the facility to initiate an appeal; (F) the possibility of an extension of the time frame for initiating an appeal for good cause; (G) the contact information, including the name, mailing address and telephone number, for the Long-Term Care Ombudsman; and (H) the resident's right to represent himself or herself at the appeal hearing or to be represented by legal counsel, a relative, a friend or other spokesperson. If a resident is, or the nursing home alleges a resident is, mentally ill or developmentally disabled, the nursing home shall include in the notice to the resident the contact information, including the name, mailing address and telephone number of the nonprofit entity designated by the Governor in accordance with section 46a-10b, to serve as the Connecticut protection and advocacy system. The Commissioner of Social Services, or the commissioner's designee, shall hold a hearing in accordance with chapter 54 to determine whether the nursing home has violated the provisions of this section. The commissioner, or the commissioner's designee, shall convene such hearing not later than fifteen days after the date of receipt of the request. The commissioner, or the commissioner's designee, shall issue a decision not later than thirty days after the date on which the hearing record is closed. The commissioner, or the commissioner's designee, may require the nursing home to readmit the resident to a semiprivate room or a private room, if a private room is medically necessary. The Superior Court shall consider an appeal from a decision of the commissioner pursuant to this section as a privileged case to dispose of the case with the least possible delay.

The Facility established by a preponderance of the evidence that the Appellant would present a danger to the health and safety of individuals within the Facility if she were to be readmitted.

The Facility properly notified the Appellant, the Conservator, [REDACTED], and the Long-Term Care Ombudsman of their refusal to readmit the Appellant. The notice properly outlined the reason for the refusal as well as the Appellant's right to appeal the Facility's decision. Contact information, including the name, mailing address, and telephone number of the Long-Term Care Ombudsman and Disability Rights Connecticut was properly listed on the notice.

The Facility's refusal to readmit the Appellant is in accordance with state statute and federal regulation.

DECISION

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



Joseph Davey
Administrative Hearing Officer

Cc: [REDACTED], Facility Administrator, [REDACTED]

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, law, and 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 the Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue Hartford, CT 06105-9902.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to the 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 if 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 per §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.