

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

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

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

**NOTICE OF DECISION**

**PARTY**

████████████████████  
████████████████  
████████████████████

**PROCEDURAL BACKGROUND**

On ██████████, 2024, the Department of Mental Health and Addiction Services (“DMHAS”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing her services under the Mental Health Waiver (“MHW”) program, effective ██████████, 2024.

On ██████████, 2024, the Appellant requested an administrative hearing to contest the DMHAS’s decision to discontinue her benefits under the MHW program.

On ██████████, 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling 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 spouse  
Katie Daly, Program Manager, Mental Health Waiver, DMHAS  
Erin Leavitt-Smith, Director of Long-Term Services and Supports, DMHAS

Kari Nelson, Intensive Care Manager, Advanced Behavioral Health  
Joseph Davey, Administrative Hearing Officer

The hearing record remained open until [REDACTED], 2024, for the submission of additional information from the DMHAS, Advanced Behavioral Health, and the Appellant. Information from all parties was received and the record closed on [REDACTED], 2024.

### **STATEMENT OF THE ISSUE**

The issue is whether the DMHAS correctly discontinued the Appellant's benefits under the MHW.

### **FINDINGS OF FACT**

1. The Appellant is [REDACTED] years old (DOB [REDACTED]) and is active on Medicaid. (Appellant's testimony, Hearing Record)
2. On [REDACTED], 2016, the Appellant was approved for the MHW program. (Exhibit 5: DMHAS Progress Notes and timeline [REDACTED]-present, Ms. Daly's testimony)
3. The Appellant is married and lives with her spouse, [REDACTED] (the "Spouse"). The Spouse is the primary caregiver for the Appellant. (Appellant's testimony, Hearing Record)
4. The Appellant is federally disabled and has health issues that leave her bedridden for long periods of the day. The Appellant often has dizziness, weakness, fatigue, and lack of muscle strength upon standing which present a high fall risk. The Appellant's blood pressure often runs low and has caused emergency calls and visits in the past. In addition, the Appellant is losing weight due to a combination of her health issues, poor appetite, and inability to access food within her home. The Appellant relies heavily on her Spouse to prepare meals and bring her food. A meal delivery service called [REDACTED] does provide the Appellant with prepared meals to supplement her diet, but the Appellant is still largely reliant on her Spouse to bring her food. (Appellant's testimony, Spouse's testimony, Ms. Nelson's testimony, Hearing Record)
5. The Appellant's medications include a Fentanyl Patch which is replaced every 48 hours, Methadone, Valium, Medical Marijuana, and a muscle relaxant. (Appellant's testimony, Ms. Nelson's testimony)
6. The Appellant needs maximum/hands-on assistance with transfers, mobility, preparing meals, and personal care. The Appellant requires assistance with bathing. (Appellant's testimony, Hearing Record)

7. The MHW program provided the following services to the Appellant: Community Support Professional (“CSP”) services and Recovery Assistant (“RA”) services. CSP services include but are not limited to, teaching and helping with high-level skills such as completing paperwork, organizing appointments, coordinating transportation to and from appointments, phone calls to providers, sorting mail, case management services, and helping with general organizational skills. RA services include but are not limited to, prompting, cueing, coaching, skills training, doing laundry, organizing, dusting, cleaning, and generally helping to maintain independent living skills. (Ms. Daly’s testimony)
8. On [REDACTED], 2023, the Appellant was admitted to [REDACTED] for low blood pressure. (Exhibit 5)
9. On [REDACTED], 2023, Ms. Kari Nelson was assigned as the DMHAS caseworker for the Appellant’s MHW case. (Exhibit 5)
10. On [REDACTED], 2023, [REDACTED]. was providing CSP services to the Appellant. The Appellant’s assigned CSP from [REDACTED]. was named [REDACTED]<sup>1</sup>. (Exhibit 5)
11. On [REDACTED], 2023, the Appellant did not have an assigned RA and had last received RA services on [REDACTED], 2022, from the [REDACTED], [REDACTED]. The Appellant requested that Ms. Nelson search for alternate RA services. (Exhibit 5, Ms. Nelson’s testimony, Appellant’s testimony)
12. On [REDACTED], 2023, the Appellant’s CSP [REDACTED] took a leave of absence from her position at [REDACTED]., and CSP services for the Appellant were discontinued. The Appellant requested that Ms. Nelson search for alternate CSP services. (Exhibit 5)
13. On [REDACTED], 2023, Ms. Nelson received an email from [REDACTED]. that stated in relevant part: *“We have had many unsuccessful attempts in finding a replacement for [REDACTED] until right now. [REDACTED] had a life changing event that will require her to take a leave of absence without...a return date at this point. We do not have any CSP’s available that would be able to temporarily or permanently be assigned to (the Appellant’s) and (the Spouse’s) case...All of our options have been exhausted.”* (Exhibit 5)
14. On [REDACTED], 2023, [REDACTED]. began providing CSP services for the Appellant. The Appellant’s assigned CSP from [REDACTED]. was [REDACTED]. Ms. [REDACTED] was providing CSP services for one hour per week. (Exhibit 5)

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<sup>1</sup> No last name provided for the record.

15. On [REDACTED], 2023, [REDACTED] began providing RA services to the Appellant. The Appellant's initial meeting with [REDACTED] staff involved the owner [REDACTED]<sup>2</sup> and the Appellant's assigned RA [REDACTED]. Ms. [REDACTED] was providing RA services for four hours per week. (Exhibit 5, Exhibit 6: [REDACTED] Monthly RA Notes dated [REDACTED] - [REDACTED], Ms. Nelson's testimony)
16. On [REDACTED], 2023, Ms. [REDACTED] requested that the Appellant's CSP hours be increased from one hour per week to three hours per week and to include an intern to help provide CSP services to the Appellant. The request was approved by the DMHAS. (Exhibit 5)
17. On [REDACTED], 2023, the Appellant requested to discontinue working with [REDACTED] as she was dissatisfied with Ms. [REDACTED] performance of RA services. [REDACTED] called the Spouse and offered the services of another male RA. The Appellant did not feel comfortable with hiring a male RA because she has had previous traumatic experiences with men. The Spouse also felt [REDACTED] was "very aggressive" and "intimidating" and had violated his trust because of a previous phone call where [REDACTED] had represented himself as the Spouse's "caregiver." The Appellant requested that Ms. Nelson search for alternate RA services. (Exhibit 2: List of exhausted agencies/health and safety concerns, Exhibit 5, Appellant's testimony, Spouse's testimony)
18. In approximately [REDACTED] 2023, the [REDACTED] began providing in-home visiting nurse services to the Appellant. The services included overseeing medication administration, monitoring vital signs, and monitoring illness-related symptoms. (Exhibit 5)
19. On [REDACTED], 2023, the Appellant was hospitalized due to dizziness and a possible loss of consciousness within her home. (Exhibit 5)
20. In [REDACTED] 2023, a [REDACTED] intern provided the Appellant a ride to her pain management appointment. (Exhibit 7: [REDACTED] Monthly CSP notes [REDACTED] - [REDACTED])
21. In [REDACTED] 2023, the [REDACTED] "discharged (the Appellant) as they recommended a higher level of nursing service than what [REDACTED] could provide." (Exhibit 5)
22. On [REDACTED], 2023, Ms. Nelson noted that "program Manager [REDACTED] and CSP [REDACTED] discussed health and safety concerns (with the Appellant)." (Exhibit 5)

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<sup>2</sup> No last name provided for the record.

23. In [REDACTED] 2024, [REDACTED] began providing in-home visiting nursing services to the Appellant. (Exhibit 5)

24. On [REDACTED], 2024, the Appellant reported to Ms. Nelson that she continues “to decline with maintaining her weight, continues to lose weight, experience stress and anxiety, continued body weakness, sedentary lifestyle and majority of time spent in bed.” Ms. Nelson noted that the Appellant’s “overall health and safety continue to be a concern to maintain independent living in current living situation.” Writer (Ms. Nelson) continues to discuss with client (the Appellant) regarding going to a higher level of care, such as a short-term nursing home for strengthen and conditioning. Due to current medications, many of the nursing homes will not take her case.” (Exhibit 5)

25. On [REDACTED], 2024, the Appellant requested to discontinue CSP services with [REDACTED]. as she was dissatisfied with the CSP services being provided by Ms. [REDACTED]. The Appellant then requested that Ms. Nelson search for alternate CSP services. The Appellant’s [REDACTED] 2023, ride to her pain management appointment was the last face-to-face encounter for CSP services. (Exhibit 5, Exhibit 7, Ms. Nelson’s testimony, Appellant’s testimony)

26. The Appellant did not have a face-to-face encounter for RA services after she discontinued working with [REDACTED] on [REDACTED], 2023. (Ms. Nelson’s testimony, Appellant’s testimony)

27. As of [REDACTED], 2024, the following providers offered CSP and/or RA services under the MHW program in the Appellant’s geographic area: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED], and [REDACTED]. (Exhibit 2: List of Agencies tried document, Exhibit 3: MHW Provider Network of available RA and/or CSP providers, Ms. Nelson’s testimony)

28. Ms. Nelson contacted the following providers who offered CSP and/or RA services under the MHW program in the Appellant’s geographical area and received the following responses: [REDACTED]: No staff available, [REDACTED]: No staff available, [REDACTED]: No staff available, [REDACTED]: would not take the Appellant’s case, [REDACTED]: No staff available, [REDACTED]: No staff available, [REDACTED]: would not take the Appellant’s case, [REDACTED]: No staff available, and [REDACTED]: No staff available. (Exhibit 2)

29. The Appellant declined to work with the following providers who offered CSP and/or RA services under the MHW program in her geographical area: [REDACTED]  
[REDACTED], and [REDACTED]. (Exhibit 2)

30. On [REDACTED], 2024, the Department of Social Services issued a NOA to the Appellant informing her that her benefits would be discontinued under the MHW effective [REDACTED], 2024, for the following reasons: *“unable to insure health and safety, available provider agencies have been exhausted and no face-to-face CSP or RA service in 30 days.”* (Exhibit 4: NOA dated [REDACTED])
31. On [REDACTED], 2024, [REDACTED] discontinued in-home visiting nursing services for the Appellant as she did not have a Primary Care Physician (“PCP”). Ms. Nelson noted that *“without a current PCP, nursing services cannot continue without a prescriber to sign off on medication orders.”* (Exhibit 5)
32. The issuance of this decision is timely under Connecticut General Statutes § 17b-61(a), which requires that a decision be issued within [REDACTED] days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED], 2024, and the decision is due not later than [REDACTED], 2024. However, the hearing record was extended ([REDACTED]) days to allow for the submission of information from the Appellant and the Department. Therefore, this decision is not due until [REDACTED], 2024. (Hearing Record)

### **CONCLUSIONS OF LAW**

1. Section 17b-2(6) of the Connecticut General Statutes (“Conn. Gen. Stat.”) provides that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.

Conn. Gen. Stat. § 17b-602a(a) provides that the Department of Social Services, in consultation with the Department of Mental Health and Addiction Services, may seek approval of an amendment to the state Medicaid plan or a waiver from federal law, whichever is sufficient and most expeditious, to establish and implement a Medicaid-financed home and community-based program to provide community-based services and, if necessary, housing assistance, to adults with severe and persistent psychiatric disabilities being discharged or diverted from nursing home residential care.

Title 42 of the Code of Federal Regulations (“C.F.R.”) Section 441.300 provides that Section 1915(c) of the Act permits States to offer, under a waiver of statutory requirements, an array of home and community-based services that an individual needs to avoid institutionalization. Those services are defined in § 440.180 of this subchapter. This subpart describes what the Medicaid agency must do to obtain a waiver.

Section 1915(c) of the Social Security Act permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization.

42 C.F.R. § 440.1 provides for basis and purpose and states this subpart interprets and implements the following sections of the Act: 1915(c) Home and community-based services listed as “medical assistance” and furnished under waivers under that section to individuals who would otherwise require the level of care furnished in a hospital, NF, or ICF/IID.

42 C.F.R. § 440.180(a) provides for Home and community-based waiver services and description and requirements for services and states “Home or community-based services” means services, not otherwise furnished under the State's Medicaid plan, that are furnished under a waiver granted under the provisions of part 441, subpart G of this chapter. (1) These services may consist of any or all of the services listed in paragraph (b) of this section, as those services are defined by the agency and approved by CMS. (2) The services must meet the standards specified in § 441.302(a) of this chapter concerning health and welfare assurances. (3) The services are subject to the limits on FFP described in § 441.310 of this chapter.

**The Department via the DMHAS is authorized to administer the MHW program.**

2. 1915(c) HCBS Waiver: CT.0653.R03.00 Appendix B Section B-1(a)(b) provides for Target Group(s). Under the waiver of Section 1902(a)(10)(B) of the Act, the state limits waiver services to one or more groups or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. In accordance with 42 CFR §441.301(b)(6), select one or more waiver target groups, check each of the subgroups in the selected target group(s) that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup: Mental Illness. Minimum Age: 22. b. Additional Criteria. The state further specifies its target group(s) as follows: Waiver participant must meet all of the requirements of Section 1 and one of the requirements of Section 2 Section 1 (all of the following five requirements) An adult, 22 years of age or older; Who is Medicaid-eligible; Meets criteria for nursing home level of care; Voluntarily chooses to participate in the waiver; Has a diagnosis of serious mental illness as defined by State of Connecticut PASRR policy; Section 2 (one of the following three requirements) Is currently a resident of a nursing facility; Is a participant in Money Follows the Person (MFP); Psychiatric history, impairment and service needs as evidenced by the following: 1. Is currently experiencing 2 or more of the following circumstances due to serious mental illness: - Has been recommended to take, or currently uses prescribed medication to control psychiatric symptoms; - Is unable to work in a full-time competitive employment situation; - Requires ongoing supervision and support to maintain a community living arrangement; - Is homeless, or at risk for homelessness; - Has had, or will predictably have, repeated episodes of decompensation, such as increased symptoms of psychosis; self-injury; suicidal/homicidal ideation; or psychiatric hospitalization. 2. Has level of risk to self or others that a Community Support Clinician has determined can

be managed safely in the community. 3. Has the following core services needs if living in the community: - One-on-one rehabilitative activities in the home or in other community settings to assist in managing psychiatric, substance use, or medical problems, and in meeting requirements of everyday independent living; and - Support Coordination to assist in developing and implementing a Recovery Plan that ensures psychiatric and/or medical needs are met.

**The Appellant voluntarily declined to participate in the MHW program by refusing to work with the CSP and RA providers available in her geographical area.**

3. 1915(c) HCBS Waiver: CT.0653.R03.00 Appendix B Section B-6(a) provides for Evaluation/Reevaluation of Level of Care. As specified in 42 CFR §441.302(c), the state provides for an evaluation (and periodic reevaluations) of the need for the level(s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services. Reasonable Indication of Need for Services. In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the state's policies concerning the reasonable indication of the need for services: Minimum number of services. The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is: 1 i. Frequency of services. The state requires (select one): The provision of waiver services at least monthly Monthly monitoring of the individual when services are furnished on a less than monthly basis If the state also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency: A minimum of one qualifying Mental Health Waiver service must be provided at least monthly. A qualified waiver service is defined as Community Support Program, Recovery Assistant, Transitional Case Management, Peer Support or Assisted Living Services (ALSA).

**The Appellant did not meet the minimum number of face-to-face services necessary to be determined to need MHW waiver services.**

4. 1915(c) HCBS Waiver: CT.0653.R03.00 Appendix B Section D-1(e) provides for Risk Assessment and Mitigation. Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup. The responsibility to assure health and welfare is balanced with the waiver participant's right to choose their services and their providers. It is imperative to accurately identify the services and supports that are needed to ensure the health and welfare of the waiver participant. During the service



plan development process, the Community Support Clinician, the participant and his/her representative, and any other person identified by the participant collaborate to assess individuals from a multidimensional perspective as well as any risk factors including: inadequate supervision, social isolation, cognitive impairment, fall risk, inability to summon assistance, emotional and behavioral issues, and communication capabilities. This information is used to provide the background necessary to identify areas of potential risk to the waiver participant. When risk issues are identified, the Community Support Clinician provides feedback to the waiver participant regarding the area(s) of concern. This allows the participant and the Community Support Clinician to have a dialogue and exchange of ideas on how to mitigate the risk by developing a backup plan in collaboration with the participant and/or their representative. An Emergency Backup Plan identifies informal, in-kind support from family, friends, or neighbors, and formal, provided by the service agency. Each contracted agency is responsible for providing back up services for clients identified as being at risk in the absence of formal Waiver services being provided for a specified period of time. All participants are reviewed for the need for a back up plan. The waiver participant has the right to accept, reject or modify recommendations that address risk. If a waiver participant's choices are such that the waiver program is concerned that it will not be able to assure the waiver participant's health and welfare, this concern is clearly discussed with the waiver participant. If the waiver participant's health and welfare can be assured, then the waiver participant can remain on the waiver. If this is not possible, then the waiver participant is issued a Notice of Action (NOA), indicating discontinuance from the waiver. The participant is informed that they have a right to a fair hearing, pursuant to Medicaid rules and the NOA includes information about their right to a fair hearing.

**The DMHAS correctly assessed and identified the Appellant's risk factors and correctly discussed their concern for her health and safety with the Appellant.**

5. 1915(c) HCBS Waiver: CT.0653.R03.00 Appendix B Section B-2(b) provides for the Method of Implementation of the Individual Cost Limit. When an individual cost limit is specified in Item B-2-a, specify the procedures that are followed to determine in advance of waiver entrance that the individual's health and welfare can be assured within the cost limit: DMHAS and DSS will determine if the cost of the waiver services necessary to ensure the participant's health and safety does not exceed the cost limit established by the state. The Community Support Clinician is responsible to develop the plan to maintain the participants' health and safety while staying within the cost cap. This is done in consultation with the participant and/or their responsible party. The development of the care plan is based on a multidimensional assessment that covers the domains of health, function, psychosocial, cognition, environment, support system and finances. Risk factors are identified and mitigated through service plans. Once the plan is agreed upon, the costs are determined. Each service on the plan of care is evaluated to determine if a back-up plan is necessary to ensure client health and/or safety. If an applicant's health and safety needs cannot be met, they are denied access to the waiver. In the event that an individual's service plan cannot be approved because it exceeds the individual cap, the Department shall work with the individual

and other members of the person-centered team to determine if revisions can be made that will provide appropriate services at the dollar amount available. If the Community Support Clinician determines that an applicant's need is more extensive than the services in the Waiver are able to support, the Community Support Clinician will inform the applicant that their health and safety cannot be assured. The plan may be resubmitted in the future if the total average cost of program participation has decreased sufficiently or the needs of the individual are reduced to a sufficient degree. In the event that the Applicant is denied enrollment or a current participants' services are being reduced or terminated, the applicant or participant will receive a Medicaid Notice of Action (NOA) regarding their right to a fair hearing in accordance with the rules of the Medicaid program.

**The DMHAS correctly determined that the Appellant's need is more extensive than the services in the MHW can support and correctly informed the Appellant that her health and safety could not be assured.**

6. 42 C.F.R. § 431.210 provides for content of notice and states a notice required under § 431.206(c)(2), (c)(3), or (c)(4) of this subpart must contain- (a) A statement of what action the agency, skilled nursing facility, or nursing facility intends to take and the effective date of such action; (b) A clear statement of the specific reasons supporting the intended action; (c) The specific regulations that support, or the change in Federal or State law that requires, the action; (d) An explanation of – (1) The individual's right to request a local evidentiary hearing if one is available, or a State agency hearing; or (2) In cases of an action based on a change in law, the circumstances under which a hearing will be granted; and (e) An explanation of the circumstances under which Medicaid is continued if a hearing is requested.

1915(c) HCBS Waiver: CT.0653.R03.00 Appendix B Section F-1 provides in relevant part that in accordance with Connecticut Medicaid rules, a Notice of Action (NOA) will be sent to a Waiver participant when any service is denied, reduced, suspended or terminated. The NOA and Freedom of Choice/Fair Hearing Notification will be provided in Spanish to support providing persons with LEP or non-English proficiency.

**The DMHAS correctly issued the Appellant a NOA on [REDACTED], 2024, informing her that her MHW program benefits were discontinued effective [REDACTED], 2024.**

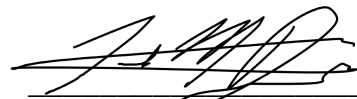
## DISCUSSION

After a review of the evidence and testimony, the undersigned finds that the MHW cannot meet the Appellant's health and safety needs. As documented by the DMHAS, the Appellant has a number of pronounced health and safety issues, the most significant of which are low blood pressure and low weight due to her inability to prepare meals for herself. These issues are serious enough to have resulted in documented hospitalizations and remain a significant risk to the Appellant.

In addition, the Appellant's loss of visiting nurse services has further degraded her ability to live safely and independently in her home. Her need level has outstripped the MHW's ability to ensure her health and safety within her home and as outlined in 1915(c) HCBS Waiver: CT.0653.R03.00 Appendix B Section B-2(b) *"If an applicant's health and safety needs cannot be met, they are denied access to the waiver."* Further, the Appellant has not had a qualifying face-to-face visit under the MHW in over 30 days, which is also required for continued participation under the MHW. The DMHAS was therefore correct to discontinue the Appellant's MHW program effective [REDACTED], 2024. The Appellant is strongly encouraged to work with the DMHAS to obtain appropriate services to meet her level of care needs.

## DECISION

The Appellant's appeal is DENIED.



Joseph Davey  
Administrative Hearing Officer

CC: Erin Leavitt-Smith, Director, Long Term Services & Supports, DMHAS  
Katie Daly, Program Manager, Mental Health Waiver, DMHAS  
Hearings.commops@ct.gov

### **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.