

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS,  
AND ADMINISTRATIVE HEARINGS  
25 SIGOURNEY STREET  
HARTFORD CT 06106

June 15, 2009  
CERTIFIED MAIL

CL ID # [REDACTED]  
Request # [REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]

REASON FOR HEARING

On August 21, 2008, an administrative hearing was requested on behalf of the appellant, [REDACTED], because the Department imposed a penalty due to an alleged improper transfer of assets, and determined an effective date of December 31, 2009 for Title XIX long-term care coverage. A hearing was held on December 4, 2008 in accordance with Connecticut General Statutes 17b-60 to 17b-64, and 4-176e to 4-184. The hearing record remained open for the submission of additional information from both parties. The hearing record closed on January 9, 2009.

PRESENT AT THE HEARING

[REDACTED] Appellant's Niece  
Attorney Noreen Dillman, Appellant's Representative  
Kathryn Jerling, Eligibility Services Supervisor  
Attorney Patrick Kwanashie, Assistant Attorney General  
Alan Noske, Hearing Officer

STATEMENT OF ISSUE

At issue in this case the validity of an annuity purchased by the appellant and whether it is a

counted asset, the penalty period imposed on the appellant's Title XIX long term care eligibility due to a transfer of assets in September 2006, and the effective date of eligibility for Title XIX long term care.

### THE HEARING RECORD

The hearing record consists of the testimony and the following exhibits:

Exhibits presented by the Regional Office:

In addition to the Hearing Summary, the Department submitted the following:

- A. Schedule of assets transferred in September 2006, prepared by the appellant's representative.
- B. A letter from Attorney Noreen Dillman to the Department dated November 21, 2006, with a copy of the Intentional Grantor Irrevocable Trust Agreement dated September 7, 2006.
- C. A letter from Attorney Dillman to the Department dated November 21, 2006.
- D. A Memorandum from the Department of Social Services, Daniel T. Butler, dated January 4, 2007.
- E. A letter from Attorney Dillman to the Department dated October 4, 2006 with a copy of the Krause Annuity and related materials.
- F. Copies of cancelled checks dated October 6, 2007 and October 19, 2006 made by the appellant's niece, showing payments made to Wadsworth Glen.
- G. Applied income calculations covering October 2006 through June 2008.
- H. Emails from Mark Shok, Public Assistance Consultant for the Department, and Daniel Butler, Principal Attorney for the Department dated March 18, 2008, March 13, 2008, and March 20, 2008.
- I. Stipulation and Consent Order between the Insurance Commissioner of the State of Connecticut and Krause Annuity Services, Inc., dated February 15, 2008.
- J. A W-495A Transfer of Assets Preliminary Decision Notice, dated March 24, 2008.
- K. A letter from Attorney Dillman to the Department dated March 25, 2008, with a copy of a letter from Krause Financial Services dated March 11, 2008 and a letter from the Department to Attorney Dillman dated January 25, 2007.
- L. A letter from the Department to Attorney Dillman dated March 28, 2008.
- M. A letter from Attorney Dillman to the Department dated May 1, 2008 with an attached Medicaid Application Explanatory Schedule Non-Retirement Annuity Within 5 Yr. Lookback.
- N. W-495C Transfer of Assets Final Decision Notice, dated August 6, 2008.
- O. Request for Advice Concerning A Trust, Annuity, or Will from the District Office to the Department's Office of Legal Counsel, Regulations and Administrative Hearings dated December 4, 2006.

On December 4, 2008, the District Office submitted the following, which was made an official part of the hearing record, and is noted as Department's Exhibit:

- P. A copy of a letter from the Department to Attorney Dillman, dated March 28, 2008.  
Q. A copy of a Notice of Discontinuance from the Department dated March 28, 2008.

On December 29, 2008, the Department submitted a brief on the subject case, with attached copies of Administrative Hearings Decisions dated July 28, 2008 and November 28, 2008.

Exhibits presented by the Appellant:

The Hearing Officer received no additional exhibits or information on behalf of the appellant. On January 9, 2009, the hearing record was officially closed.

**FINDINGS OF FACT**

1. The Department granted Title XIX benefits for the appellant on January 12, 2007, with an effective date of October 1, 2006. The appellant was a resident of [REDACTED], a long-term care nursing facility. The Department denied long-term care payments as the appellant's applied income exceeded the Medicaid rate for the facility (Department's Summary).
2. On January 25, 2007, the Department established a penalty period of 20 months, beginning September 1, 2006 and ending April 30, 2008, due to an improper transfer of assets made in September 2006 (Exhibit K).
3. On September 7, 2006, the appellant created the Agreement with his niece [REDACTED] as Trustee. The appellant funded the trust using his own funds with the "intent to make a transfer of the trust net income and principal to the Primary Beneficiaries under the terms set forth in this Trust Agreement". The Primary Beneficiaries were five nieces and nephews (Exhibit B).
4. Per Section 1.5 of the trust document, the appellant "shall have no power to control and direct payments or alter, amend, revoke, or terminate this trust, either in whole or in part. In addition, the Maker shall have no right, title, or interest in the income or principal of this trust." (Exhibit B).
5. In September 2006, the appellant transferred \$172,937.48 in assets to his nieces and nephews, including the Trust, without receipt of fair market value. The Department calculated a penalty period of twenty (20) months based on the uncompensated value of the transfers (\$172,937.48) divided by \$8,646.00 (the average cost of private LTCF care in CT as of July 2006 (Exhibit A)).
6. On September 20, 2006 the appellant purchased a Single Premium Immediate Annuity (policy number [REDACTED]) from Krause Annuity Services, Inc. for \$151,108.34. The annuity paid the appellant \$7,588.52 per month, for 20 months, beginning October 5, 2006 (Exhibit E).

7. On November 27, 2006, the Department determined that the appellant's purchase of the Krause Annuity did not represent an improper transfer of assets under the Deficit Reduction Act, and that the monthly payments should be counted as income (Department's Summary, # 3).
8. The Department determined that the appellant's applied income resulting from his annuity, pension, and Social Security, and appropriate deductions, exceeded the Medicaid rate for his cost of care at the facility from October 1, 2006 through May 2008. No long-term care eligibility would exist during those months (Exhibit G).
9. On February 15, 2008, Krause Annuity Services, Inc. entered into a Stipulation and Consent Order with the Insurance Commissioner of the State of Connecticut, in which it agreed that it was not licensed by the State of Connecticut to conduct insurance business in Connecticut, and that "any contract effective in this state and entered into by Krause in violation of sections 38a-271 to 38a-278 inclusive, shall be unenforceable by such unauthorized insurer." Further, Krause agreed that it would discharge any and all benefit obligations still outstanding on the annuity contracts (Exhibit I).
10. The February 15, 2008 Stipulation and Consent Order identified Krause as the seller of a single premium immediate annuity contract ( [REDACTED] ) on behalf of the appellant for \$151,108.34, plus a fee of \$825.00, without having applied for and received a license to conduct insurance business in the State of Connecticut (Exhibit I).
11. On March 11, 2008, Krause Financial Services issued a check in the amount of \$16,027.04 to the appellant's attorney, the remaining balance of the appellant's annuity ( [REDACTED] ), including 2 payments of \$7,588.52 plus the \$850.00 fee (Exhibit K).
12. On March 18, 2008, the District Office received notification from the Department's Public Assistance Consultant that, according to a principal attorney with the Department's Office of Legal Counsel, Regulations, and Administrative Hearings, the Krause Annuity contracts issued in the State of Connecticut were issued by an unauthorized issuer, and were not enforceable by Krause. The appellant's Krause Annuity represents an available asset as the annuity was not valid for sale in Connecticut (Exhibit H).
13. On March 24, 2008, the Department sent the appellant's attorney a W-495A Transfer of Assets Preliminary Decision Notice alleging that the appellant transferred assets of \$172,937.48 in September 2006 in order to be eligible for assistance (Exhibit J).
14. On March 27, 2008, the Department received a response from the appellant's representative, along with a copy of the March 11, 2008 letter from Krause Financial Services, indicating that the final payment of \$16,027.04 was deposited into a client fund account, and payments of \$7,588.52 would be deposited into the appellant's account on April 1, 2008 and May 1, 2008, plus the \$850.00 deposited on May 1, 2008 (Exhibit K).

15. On March 28, 2008, the Department sent a Notice of Discontinuance to the appellant's representative, to discontinue Title XIX long-term care, effective April 30, 2008, as the value of the appellant's assets exceeded the program asset limit (Exhibit Q).
16. On March 28, 2008, the Department also sent a letter to the appellant's representative, advising that the Krause annuity contract was not valid for sale in Connecticut, and that the annuity was counted as an available asset. The appellant's Title XIX was to be discontinued, and a penalty period for an improper transfer of assets was to begin when the appellant reduced his assets under \$1,600.00 (Exhibit P).
17. On August 6, 2008, the Department sent a W-495C Transfer of Assets Final Decision Notice to the appellant's representative, setting the penalty period of 20 months, from May 1, 2008 through December 31, 2009, for the improper transfer of \$172,937.48 in assets in September 2006 (Exhibit N).
18. The appellant's transfer of \$172,937.48 in September 2006 is subject to a penalty and was not disputed by the appellant or his representative (Exhibit B).
19. From September 2006 through April 2008, the appellant had the legal right and authority to obtain the balance of his equity in his investment with Krause Annuity Services, Inc. as the Krause annuity was not an enforceable contract in the State of Connecticut (Exhibit I).
20. The appellant's equity in the Krause Annuity was an available asset from September 2006 through April 2008.
21. From September 20, 2006 (the date of purchase for \$151,108.34) through April 30, 2008, the counted value of the appellant's equity in the Krause Annuity exceeded the \$1,600.00 asset limit for Title XIX long-term care eligibility (Exhibits E, I, and K).
22. With the final payment of \$7,588.52 made to the facility in May 2008, the appellant's counted, available assets were reduced to under the \$1,600.00 asset limit.
23. The appellant became asset eligible and income eligible for Title XIX long-term care as of May 1, 2008.
24. The 20 month period of ineligibility for long-term care benefits covers May 1, 2008, the first of the month in which the appellant would otherwise be eligible for Title XIX long-term care, through December 31, 2009 (Exhibit N).

#### **PERTINENT STATE STATUTE**

Section 17b-2 of the Connecticut General Statutes designates the department of social services as the State agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.

Section 17b-260 of the Connecticut General Statutes authorizes the commissioner of social services to take advantage of the medical assistance programs provided in Title XIX entitled "Grants to States for Medical Assistance Programs," contained in the Social Security Amendments of 1965.

Section 17b-261 allows for the provision of medical assistance for eligible persons.

Section 17b-261a(a) provides that any transfer or assignment of assets resulting in the imposition of a penalty period shall be presumed to be made with the intent, on the part of the transferor or the transferee, to enable the transferor to obtain or maintain eligibility for medical assistance. This presumption may be rebutted only by clear and convincing evidence that the transferor's eligibility or potential eligibility for medical assistance was not a basis for the transfer or assignment.

Section 38a-432. (Formerly Sec. 38-154). Annuities. Any domestic insurance company empowered to make contracts contingent upon life may grant and issue annuities either in connection with or separate from contracts of insurance predicated upon life risks.

Section 38a-1(3) "Annuities" means all agreements to make periodical payments where the making or continuance of all or some of the series of the payments, or the amount of the payment, is dependent upon the continuance of human life or is for a specified term of years. This definition does not apply to payments made under a policy of life insurance.

### **PERTINENT DEPARTMENTAL REGULATION**

Uniform Policy Manual Section 3029 states, in part: "This chapter describes the technical eligibility requirement in the Medicaid program pertaining to the transfer of an asset for less than fair market value. The policy material in this chapter pertains to transfers that occur on or after February 8, 2006." The effective date of the policy is April 1, 2007.

Ibid., Section 3029.05 A. states: "There is a period established, subject to the conditions described in this chapter, during which institutionalized individuals are not eligible for certain Medicaid services when they or their spouses dispose of assets for less than fair market value on or after the look-back date specified in 3029.05 C. This period is called the penalty period, or period of ineligibility." Subsection B. states: "1. The policy contained in this chapter pertains to institutionalized individuals and their spouses. 2. An individual is considered institutionalized if he or she is receiving: a. LTCF services; or b. services provided by a medical institution which are equivalent to those provided in a long-term care facility; or c. home and community-based services under a Medicaid waiver (cross references: 2540.64 and 2540.92)." Subsection C. states: "The look-back date for transfers of assets is a date that is 60 months before the first date on which both the following conditions exist: 1. the individual is institutionalized; and 2. the individual is either applying for or receiving Medicaid." Subsection D. 1. states: "The Department considers transfers of assets made within the time limits described in 3029.05 C, on behalf of an institutionalized individual or her spouse by a guardian, conservator, person having

power of attorney or other entity so authorized by law, to have been made by the individual or spouse.” Subsection E. addresses the start of the penalty period. “The penalty period begins as of the later of the following dates: 1. the first day of the month during which assets are transferred for less than fair market value, if this month is not part of any other period of ineligibility caused by a transfer of assets; or 2. the date on which the individual is eligible for Medicaid under Connecticut’s State Plan and would otherwise be eligible for Medicaid payment of the LTC services described in 3029.05 B based on an approved application for such care but for the application of the penalty period, and which is not part of any other period of ineligibility caused by a transfer of assets.” Subsection F., addressing the length of the penalty period, states: “1. The length of the penalty period consists of the number of whole and/or partial months resulting from the computation described in 3029.05 F.2. 2. The length of the penalty period is determined by dividing the total uncompensated value of all assets transferred on or after the look-back date described in 3029.05 C by the average monthly cost to a private patient for LTCF services in Connecticut. a. For applicants, the average monthly cost for LTCF services is based on the figure as of the month of application. 3. Uncompensated values of multiple transfers are added together and the transfers are treated as a single transfer. A single penalty period is then calculated, and begins on the date applicable to the earliest transfer.” [Hearing Officer note: the Procedures section of the Uniform Policy identifies \$8,646.00 as the average cost of care to a private patient in a LTCF for the period of July 1, 2006 to June 30, 2007.] Subsection G states: “1. During the penalty period, the following Medicaid services are not covered: a. LTCF services; and b. services provided by a medical institution which are equivalent to those provided in a long-term care facility; and c. home and community-based services under a Medicaid waiver.”

Ibid., Section 4000.01 provides the definitions of an available asset, and counted assets. “An available asset is cash or any item of value which is actually available to the individual or which the individual has the legal right, authority or power to obtain, or to have applied for, his or her general or medical support.” “A counted asset is an asset which is not excluded and either available or deemed available to the assistance unit.” It also defines a trust as “an oral or written agreement in which someone (the trustee) holds the legal title to an asset for the benefit of another person (the beneficiary).” An annuity is defined as “an asset that may produce income either annually or at regular intervals pursuant to the terms of the annuity contract.”

Ibid., Section 4005.05 B. 1. states: “The Department counts the assistance unit’s equity in an asset toward the asset limit if the asset is not excluded by state or federal law and is either: a. available to the unit; or b. deemed available to the unit.” Paragraph B. 2. states: “Under all programs except Food Stamps, the Department considers an asset available when actually available to the individual or when the individual has the legal right, authority or power to obtain the asset, or to have it applied for, his or her general or medical support.” Paragraph D. states: “1. The Department compares the assistance unit’s equity in counted assets with the program asset limit when determining whether the unit is eligible for benefits. 2. An assistance unit is not eligible for benefits under a particular program if the unit’s equity in counted assets exceeds the asset limit for the particular program, unless the assistance unit is categorically eligible for the program and the asset limit requirement does not apply.”

Ibid., Section 4005.10 A. 2. provides the asset limit of \$1,600.00 for a needs group of one in the AABD and MAABD programs.

Ibid., Section 4005.15 A. 2. addresses the reduction of excess assets for residents of long term care facilities. "At the time of application, the assistance unit is ineligible until the first day of the month in which it reduces its equity in counted assets to within the asset limit."

Ibid., Section 4030.47 addresses annuities and states, in part: "Annuities are evaluated as both an asset representing an investment and as income that the beneficiary may receive on a regular basis (cross reference 5050, Treatment of Specific Types). The assistance unit's equity in an annuity is a counted asset to the extent that the assistance unit can sell or otherwise obtain the entire amount of equity in the investment. Any payments received from an annuity are considered income. Additionally, the right to receive income from an annuity is regarded as an available asset, whether or not the annuity is assignable."

Ibid Section 4030.80 A. addresses the general principals for the treatment of trust. It states: "1. The Department evaluates an individual's interest in a trust as: a potentially counted asset in determining whether the individual's assets are within the program limits (Cross Reference:4005); and b. a potential source of income in determining whether the individual's income is within the program limits, and in computing the amount of benefits for which the individual may be eligible (Cross Reference:5000); and c. a possible transfer of asset by the individual or by his or her spouse in determining whether the individual will be subject to a penalty period (Cross Reference: 3025, 3028,3029).

Ibid., Section 4030.80 D. addresses the treatment of inter-vivos trusts established on or after August 11, 1993 in the Medicaid program. Subsection D. 1. states, in part: "The Department considers an individual to have established a trust if the individual's assets were used to form all or part of the corpus of the trust and if any of the following individuals established the trust by means other than a will: a. the individual;" Subsection D. 3. states: "The Department evaluates trusts described in paragraph D regardless of: a. why the trust was established; or b. whether the trustees have or exercise any discretion under the trust; or c. any restrictions on when or whether distributions may be made from the trust; or d. any restrictions on the use of the distributions from the trust." Subsection D. 5., states: "With respect to an irrevocable trust, the following principles apply: a. The Department considers the portion of the corpus of an irrevocable trust, or the income generated by the corpus of such trust to be an available asset of the individual if there are any circumstances under which a payment from the trust could be made to or on behalf of the individual. b. The Department considers payments from that portion of the corpus or income generated by the corpus of a trust described in paragraph a to be: (1) the individual's income, if the payments are to or for the benefit of the individual; and (2) a transfer of assets by the individual, as described in chapters 3028 and 3029, if the payments are for any other purpose. c. The Department considers any portion of a trust from which, or any income generated by the corpus from which, no payment could be made to the individual under any circumstances as a transfer of assets, as described in chapters 3028 and 3029.



## CONCLUSIONS OF LAW

Based on the Findings of Fact, Discussion, and regulations set forth herein, the undersigned concludes that the Department was correct to impose a penalty period of 20 months, beginning May 1, 2008, due to the appellant's improper transfer of assets totaling \$172,937.48 in September 2006. In addition, the appellant purchased an annuity in September 2006 for \$151,108.34 from Krause Annuity Services, Inc. that was invalid and unenforceable, as the company was not licensed to conduct insurance business in the State of Connecticut. The equity in the annuity was available to the appellant from the time of the purchase of the annuity and is counted toward the Title XIX asset limit.

The appellant's counted assets from the available equity in the annuity exceeded the \$1,600.00 Title XIX asset limit from September 2006 through April 30, 2008. The appellant became asset and income eligible as of May 1, 2008.

The appellant's first date of eligibility for long-term care was May 1, 2008. Therefore, the penalty period resulting from the transfer of assets (20 months) begins on May 1, 2008 and ends December 31, 2009.

## DISCUSSION

Based on the information and evidence presented at the hearing, the undersigned finds that the Department was correct in its action to deny the appellant's Title XIX long-term care benefits, and impose a penalty period of 20 months, due to transfers of assets without receipt of fair market value or other valuable considerations. The appellant purchased an annuity in September 2006 from a broker who was not licensed in the State to sell the annuity, making the value of the annuity a counted asset. The appellant's counted assets exceeded the \$1,600.00 asset limit for the program until May 2008. The period of ineligibility for LTCF benefits is 20 months, beginning May 1, 2008 (the first month the appellant was otherwise eligible) and runs through December 31, 2009.

The primary issue in this case is the appellant's purchase of an annuity in September 2006, and the effect of that annuity on the appellant's eligibility for Title XIX long-term benefits.

The appellant purchased a Single Premium Immediate Annuity on September 20, 2006 from Krause Annuity Services, Inc. for \$151,108.34. The annuity contract paid the appellant \$7,588.52 per month, for 20 months, beginning October 5, 2006. Initially the Department determined that the annuity met the requirements of the Department's policy and regulations, and that the purchase was not considered an improper transfer of assets. The monthly income generated by the annuity would be counted as income toward the appellant's eligibility.

In September 2006, the appellant also transferred \$172,937.48 in the creation of an Intentional Grantor Irrevocable Trust, and through transfers to his nieces and nephews. In a letter to the Department on November 21, 2006, the appellant's representative agreed that the transfer is

subject to the asset rules in effect at that time, and the penalty period would begin when the appellant was otherwise eligible for Medicaid benefits, but for the transfer. On January 25, 2007, the Department sent a letter to the appellant's representative, setting the penalty start date as September 1, 2006, with an ending date of April 30, 2008.

On February 15, 2008, Krause Annuity Services, Inc. entered into a Stipulation and Consent Order with the Insurance Commissioner of the State of Connecticut. Per that agreement, Krause Annuity Services, Inc. was not licensed by the State of Connecticut to conduct insurance business in Connecticut, and that "any contract effective in this state and entered into by Krause in violation of sections 38a-271 to 38a-278 inclusive, shall be unenforceable by such unauthorized insurer." Further, Krause agreed that it would discharge any and all benefit obligations still outstanding on the annuity contracts. The agreement also named Krause Annuity Services, Inc. as the seller of a single premium immediate annuity contract to the appellant for \$151,108.34, plus a fee of \$825.00, without having applied for and received a license to conduct insurance business in the State of Connecticut.

The appellant's purchase of the annuity from an unlicensed broker made the annuity void and unenforceable. As a result, the appellant had the legal right and authority to obtain the balance of his equity in his investment with Krause Annuity Services, Inc. at any time after it was purchased in September 2006. And, because the appellant had the right to obtain the balance of the annuity at any time, the equity value of the annuity must be counted as an available asset for Title XIX eligibility purposes.

Following the Stipulation and Consent Order, Krause Annuity Services, Inc issued a final payment of \$16,027.04 on March 11, 2008 to the appellant's representative. The payment included the last two installments of \$7,588.52 plus the \$850.00 purchase fee. The appellant's representative reported in a letter to the Department on March 25, 2008, that the payment amounts would \$7,588.52 would be deposited into the appellant's account on April 1, 2008 and May 1, 2008 and used for his cost of care.

In May, 2008, when the payment of \$7,588.52 was made to the facility, the appellant's counted assets were reduced to under \$1,600.00. From the date of the purchase with Krause Annuity Services, Inc. and through April 30, 2008, the appellant's assets exceeded the \$1,600.00 asset limit for the Title XIX program.

The appellant was eligible for Title XIX, based on his income and assets, beginning May 1, 2008.

The appellant's transfer of assets of \$172,937.48 in September 2006 occurred within the 60-month look-back period from the appellant's application date. Per the Uniform Policy Manual (UPM) Section 3029.05 F. 3., multiple transfers are added together and the transfers are treated as a single transfer, and a single penalty period is then calculated. To calculate the penalty period, the Department divides the uncompensated value of the transfers by the average cost of private long-term care in CT as of the October 2006 application month, in this case \$8,646.00.

The penalty period in this case is 20 months (\$172,937.48 divided by \$8,646.00).

The UPM establishes the start date of a penalty period as the later of "the first day of the month during which assets are transferred for less than fair market value, if this month is not part of any other period of ineligibility caused by a transfer of assets; or the date on which the individual is eligible for Medicaid under Connecticut's State Plan and would otherwise be eligible for Medicaid payment of the LTC services described in 3029.05 B based on an approved application for such care but for the application of the penalty period, and which is not part of any other period of ineligibility caused by a transfer of assets." The penalty period, in this case, begins on May 1, 2008, the date the appellant was otherwise eligible for Medicaid payment of long-term care services.

**DECISION**

The Department is upheld in its determination that the appellant's counted, available assets exceeded \$1,600.00 from September 2006 through April 30, 2008. The Department is also upheld in its determination of the May 1, 2008 start date of a 20 month penalty period for an improper asset transfer in September 2006.

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Alan Noske  
Hearing Officer

c: Lourdes Hunt, Social Service Operations Manager, R.O. # 50, Middletown

Patrick Kwanashie, Assistant Attorney General, 55 Elm St., Hartford, CT

### **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 Legal Counsel, Regulations, and Administrative Hearings, 25 Sigourney Street, Hartford, CT 06106.

### **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. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 25 Sigourney Street, Hartford, CT 06106. 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 his 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.