

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Alberta Manor, Inc 21 Victoria Street Hartford CT 06114

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$103.21
Residential Care Home
Monthly \$3,139.30

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

April Time Residential Care Center 91 Chestnut Street Manchester CT 06040

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$70.86
Residential Care Home
Monthly \$2,155.33

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Bacon & Hinkley Home, Inc. 581 Pequot Avenue New London CT 06320

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$134.08

Monthly \$4,078.27

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Bethel Health Care-The Cascades (RCH) 13 Parklawn Drive Bethel CT 06801

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$144.28

Monthly \$4,388.52

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Bradley Home & Pavilion 320 Colony Street Meriden CT 06450

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$120.96

Monthly \$3,679.20

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Briarcliff Convalescent Corp. 179 Coleman Street New London CT 06320

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$79.00
Residential Care Home
Monthly \$2,402.92

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Brookside Rest Home 134 Franklin Street Ext. Danbury CT 06811

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Residential Care Home Daily \$76.68
Monthly \$2,332.35

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Card Home for the Aged, Inc. 154 Pleasant Street Willimantic CT 06226

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$71.55
Residential Care Home
Monthly \$2,176.31

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert
Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Carlson Place 17 Nelson Avenue Norwalk CT 06851

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$86.82

Monthly \$2,640.78

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Caroline Manor 37 Clark Avenue East Haven CT 06512

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$81.15
Residential Care Home
Monthly \$2,468.31

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Carriage Manor, LLC 157 Hillside Avenue Waterbury CT 06710

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$114.83

Monthly \$3,492.75

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE: (860) 424-5841 FAX: (860) 424-4960 TTY: 1-800-842-4524 EMAIL: mike.gilbert@ct.gov

September 15, 2020

Char-Laine Manor, Inc 15 Ellington Avenue Rockville CT 06066

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Residential Care Home Monthly \$126.22

Residential Care Home

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills

cc: DSS - J. McCormick , A. Davis, M. Kapsis, File Myers & Stauffer

www.ct.gov/dss



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Corner House Residential Care LLC 1 Griswold Street Meriden CT 06450

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$65.34
Residential Care Home
Monthly \$1,987.43

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Crestwood Manor, Inc 90 Broad Street Norwich CT 06360

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$82.98
Residential Care Home
Monthly \$2,523.98

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Curtis Home-St. Elizabeth Center 380 Crown Street Meriden CT 06450

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$107.18

Residential Care Home

Monthly \$3,260.06

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills

cc: DSS - J. McCormick , A. Davis, M. Kapsis, File Myers & Stauffer

www.ct.gov/dss



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Eagle Landing Residential Care Home 268 Middlesex Avenue Chester CT 06412

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$112.29
Residential Care Home
Monthly \$3,415.49

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

East Ridge Manor, Inc. 43 Preston Avenue Meriden CT 06450

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$74.20

Monthly \$2,256.92

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills

cc: DSS - J. McCormick , A. Davis, M. Kapsis, File Myers & Stauffer

www.ct.gov/dss



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Elim Park Baptist Home 140 Cook Hill Rd Cheshire CT 06410

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$142.35
Residential Care Home
Monthly \$4,329.81

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Eliza Huntington Mem. Home, Inc. 99 Washington Street Norwich CT 06360

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$131.10

Monthly \$3,987.63

Monthly \$3,987.63

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Elm Hill Manor, Inc. 37 Elm Street Rockville CT 06066

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$68.08
Residential Care Home
Monthly \$2,070.77

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Elton Residential Care Home 30 West Main Street Waterbury CT 06702

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$88.24
Residential Care Home
Monthly \$2,683.97

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Essex Village Manor, LLC 59 South Main Street Essex CT 06426

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$88.14
Residential Care Home
Monthly \$2,680.93

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Evangelical Baptist Home 574 Ashford Center Road Ashford CT 06278

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$75.54
Residential Care Home
Monthly \$2,297.68

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Fernwood Manor, Inc. 27-29 Girard Avenue Hartford CT 06105

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$73.61
Residential Care Home
Monthly \$2,238.97

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Fernwood Rest Home, Inc. 400 Torrington Road Litchfield CT 06759

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$72.86

Residential Care Home

Monthly \$2,216.16

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



# DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Fernwood West 521 Prospect Avenue West Hartford CT 06105

### Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$82.99
Residential Care Home
Monthly \$2,524.28

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



# DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Fitchville Residential Care Home,LLC 187 Fitchville Rd.
Bozrah CT 06334

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$73.70

Monthly \$2,241.71

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills

cc: DSS - J. McCormick , A. Davis, M. Kapsis, File Myers & Stauffer

www.ct.gov/dss



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Forest Hills Guest Home 462 Derby Avenue West Haven CT 06516

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

	Daily	\$104.71
Residential Care Home		
	Monthly	\$3,184.93

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Four Corners Rest Home, Inc. 306 Naugatuck Avenue Milford CT 06460

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$58.15

Monthly \$1,768.73

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Freelove Manor, LLC 246 Quinn Street Naugatuck CT 06770

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$82.69

Monthly \$2,515.15

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Garden Brook Residential Care LLC 470 Straits Turnpike Watertown CT 06795

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$91.48

Monthly \$2,782.52

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Gilmore Manor, Inc. 1381 Main Street South Glastonbury CT 06073

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Paily \$77.03
Residential Care Home Monthly \$2,343.00

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Green Grove 148 Whitfield Street Guilford CT 06437

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$89.53

Monthly \$2,723.20

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Greenlodge of Manchester, Inc. 612 East Middle Turnpike Manchester CT 06040

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$94.43

Monthly \$2,872.25

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Greystone Rest Home, Inc. 44 High Street
Portland CT 06480

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Paily \$79.32
Residential Care Home
Monthly \$2,412.65

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Groton Regency Center 1145 Poquonock Road Groton CT 06340

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$109.99

Monthly \$3,345.53

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Hannah Gray Residential Care Home 235 Dixwell Avenue New Haven CT 06350

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$120.25

Monthly \$3,657.60

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Haughton Cove Manor, Inc. 841 Norwich-New London Tpke. Uncasville CT 06382

### Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

	Daily	\$82.32
Residential Care Home		
	Monthly	\$2,503.90

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



# DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

High Chase LLC 140 River Rd. Willington CT 06279

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Residential Care Home
Monthly \$72.64

\$2,209.47

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Highvue Manor 2730 State Street Hamden CT 06514

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Residential Care Home

Monthly \$2,455.23

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Holiday Manor, Inc. 29 Cottage Street Manchester CT 06040

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$85.48
Residential Care Home
Monthly \$2,600.02

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Holly View Manor, Inc. 38 Prospect Place Bristol CT 06010

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$85.26
Residential Care Home
Monthly \$2,593.33

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Johnson Home, The 100 Town Street Norwich CT 06360

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$91.96

Monthly \$2,797.12

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills

cc: DSS - J. McCormick , A. Davis, M. Kapsis, File Myers & Stauffer

www.ct.gov/dss



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Julie House 425 Poquonock Ave Windsor CT 06095

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$122.72

Monthly \$3,732.73

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Leeway 40 Albert Street New Haven CT 06511

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$152.07

Monthly \$4,625.46

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Marbridge Rest Home 665 West Main Street Cheshire CT 06410-0068

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Residential Care Home Monthly \$2,022.40

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Mary Wade Home, Inc., The 118 Clinton Avenue New Haven CT 06513

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$138.86
Residential Care Home
Monthly \$4,223.66

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Masonicare Health Center 22 Masonic Avenue Wallingford CT 06492

### Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$120.17
Residential Care Home
Monthly \$3,655.17

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Massack Memorial Home 30 Davis Avenue Rockville CT 06066

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$90.70
Residential Care Home
Monthly \$2,758.79

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Meadowbrook Manor, LLC 63 Westbrook Road Centerbrook CT 06409

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$95.31

Monthly \$2,899.01

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Morning Star Res. Care Home LLC 38 Elizabeth Street Kent CT 06757

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

	Daily	\$86.51
Residential Care Home		
	Monthly	\$2,631.35

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



# DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Mystic River Residential Care 14 Godfrey Street Mystic CT 06355

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$107.46

Residential Care Home

Monthly \$3,268.58

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

New Horizons Village 37 Bliss Road Unionville CT

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$178.13

Residential Care Home

Monthly \$5,418.12

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Newfield Rest Home 876 Newfield Street Middletown CT 06457

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$85.48
Residential Care Home
Monthly \$2,600.02

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Noble Horizons 17 Cobble Road Salisbury CT 06068

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$142.87
Residential Care Home
Monthly \$4,345.63

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Park City Residential Care Home 752 Park Avenue Bridgeport CT 06604

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$89.54
Residential Care Home
Monthly \$2,723.51

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Park Hill Manor, Inc. 105 Vine Street New Britain CT 06052

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$100.00

Residential Care Home

Monthly \$3,041.67

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Parsonage Cottage Senior Residence 88 Parsonage Rd. Greenwich CT 06830

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$138.18

Residential Care Home

Monthly \$4,202.98

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert
Deputy Commissioner

Whichel Sills



# DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Pleasant View Manor, Inc. 225 Bunker Hill Road Watertown CT 06795

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Residential Care Home
Monthly \$86.93

\$2,644.12

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Premier Care of Woodbury, LLC 280 Middle Road Turnpike Woodbury CT 06798

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$88.40

Monthly \$2,688.83

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Riverview Lodge, Inc. 10 Prospect Street Deep River CT 06417

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$99.43

Monthly \$3,024.33

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



# DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Riverview Rest Home 92-94 Lexington Avenue New Haven CT 06513

### Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$66.43
Residential Care Home
Monthly \$2,020.58

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Roseland LLC 39 Canterbury Road Brooklyn CT 06234

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$95.65
Residential Care Home
Monthly \$2,909.35

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Sachem Home 33 Sachem Street Norwich CT 06360

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$108.98

Monthly \$3,314.81

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Sacred Heart Manor, Inc. 261 Benham Street Hamden CT 06514

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$132.89

Residential Care Home

Monthly \$4,042.07

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills

cc: DSS - J. McCormick , A. Davis, M. Kapsis, File Myers & Stauffer

www.ct.gov/dss



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Saint Joseph's Residence 1365 Enfield Street Enfield CT 06082

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$133.43

Residential Care Home

Monthly \$4,058.50

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Scofield Manor 614 Scofieldtown Road Stamford CT 06903

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$125.37

Residential Care Home

Monthly \$3,813.34

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



# DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Seacrest Retirement Center 588 Ocean Avenue West Haven CT 06516

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

	Daily	\$88.57
Residential Care Home		
	Monthly	\$2,694.00

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Sedgwick Cedars Residential Care Home 27 Park Road West Hartford CT 06119

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$130.84
Residential Care Home
Monthly \$3,979.72

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Shailerville Manor, LLC 1179 Saybrook Rd. Haddam CT 06438

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$99.23

Residential Care Home

Monthly \$3,018.25

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Silver Manor Residential Care Home 128 Curtis Street Meriden CT 06450

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Residential Care Home

Monthly \$71.72

\$2,181.48

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

St. Joseph's Center 6448 Main Street Trumbull CT 06611

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$132.64

Monthly \$4,034.47

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



# DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

St. Lucian's Residence, Inc. 532 North Burritt Street New Britain CT 06053

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$87.45
Residential Care Home
Monthly \$2,659.94

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Stewart Rest Home 93 High Street East Haven CT 06512

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Paily \$87.83
Residential Care Home Monthly \$2,671.50

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Sunny Lodge Guest Home 47 Cedar Grove Avenue New London CT 06320

### Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

	Daily	\$86.06
Residential Care Home		
	Monthly	\$2,617.66

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Teresa Rest Home 57 Main Street East Haven CT 06512

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

	Daily	\$81.64
Residential Care Home		
	Monthly	\$2,483.22

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

The Manor on Pine Street 53 Pine Street Waterbury CT 06710

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$76.00
Residential Care Home
Monthly \$2,311.67

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Tidelawn Manor Rest Home 97 Seaside Avenue Westbrook CT 06498

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

	Daily	\$125.97
Residential Care Home		
	Monthly	\$3,831.59

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Tracy Manor, Inc 22 Fenway Street West Hartford CT 06119

### Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$110.53
Residential Care Home
Monthly \$3,361.95

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

United Community and Family Svcs. 165 McKinley Avenue Norwich CT 06360

### Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

	Daily	\$117.10
Residential Care Home		
	Monthly	\$3,561.79

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

University Place Residential Care, LLC 5 University Place New Haven CT 06511

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$97.54

Monthly \$2,966.84

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert
Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Victorian Gardens 122 East Main St. Plainville CT 06062

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$94.14

Monthly \$2,863.43

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Westcott - Wilcox Home 50 Capron Street Danielson CT 06239

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Residential Care Home Daily \$91.32
Monthly \$2,777.65

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Westside Manor 9 West High Street East Hampton CT 06424

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$69.89

Monthly \$2,125.82

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Westway Manor, Inc. 38 Girard Avenue Hartford CT 06105

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$82.33

Residential Care Home

Monthly \$2,504.20

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

White Oak Manor 688 Main St N Southbury CT 06488

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$59.21

Monthly \$1,800.97

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills



DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

September 15, 2020

Worthington Manor 316 Berlin St. East Berlin CT 06023

Residential Care Home

Dear Provider:

For the rate period of July 1, 2020 through June 30, 2021, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

Daily \$67.85

Monthly \$2,063.77

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9<sup>th</sup> Floor, Hartford, CT 06105 or <a href="https://doi.org/10.2007/nc.2007/n

Sincerely,

Michael J. Gilbert Deputy Commissioner

Whichel Sills