

STATE OF CONNECTICUT | DEPARTMENT OF SOCIAL SERVICES
55 Farmington Avenue | Hartford, CT 06105

ACKNOWLEDGEMENT AND ACCEPTANCE OF TERMS TO QUALIFY FOR THE APRIL – JUNE 2021
TEMPORARY RATE INCREASES

April 2021

In accordance with the April 13, 2021 Letter to Nursing Facility Providers, the Department of Social Services has agreed to provide a 5% Medicaid Rate Increase to nursing facilities that demonstrate and attest to compliance with Department of Public Health infection control protocol and standards.

Recipient/Name of Provider:

Address:

My signature below, for and on behalf of the above-named Recipient, indicates acceptance of the above referenced 5% rate increase and further certifies that: (1) I have the authority to execute this agreement on behalf of the Recipient; and (2) the Recipient will comply with all attached Conditions.

BY: _____

Signature of Authorized Recipient Official

Date

Print Name:

Title:

SPECIFIC CONDITIONS (SC) FOR 5% RATE INCREASE FOR APRIL 1, 2021 – JUNE 30, 2021

SC1. As a condition to the receipt of the 5% rate increase from April 1, 2021 through June 30, 2021, and in addition to compliance with all other Specific Conditions provided herein, the Recipient hereby attests and agrees that the Recipient shall adhere to the following requirements and take the following actions:

- a. Recipient shall comply with Department of Public Health (DPH) standards regarding infection control, including, but not limited to, cohorting requirements and establishment of back-up COVID-19 testing partners;
- b. Recipient shall perform supplemental COVID-19 antigen testing in accordance with DPH guidance;
- c. Recipient shall submit an attestation that they are complying with (or will be complying by a date certain) with DPH and CMS standards regarding infection control and testing; and
- d. Recipient shall initiate or continue progress on the process of eliminating rooms with three and four beds;

SC 2. The Recipient acknowledges that this rate increase, including audits related to this payment, is not subject to rehearing or appeal in any forum.

SC 5. The Recipient acknowledges that pursuant to the Medicaid Provider Enrollment Agreement, all payments are subject to audits and agrees to cooperate fully with any audits, and that any funds not spent in accordance with applicable requirements are subject to recovery and recoupment.