DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Alberta Manor, Inc 21 Victoria Street Hartford CT 06114

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$119.70 Monthly \$3,640.88

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

April Time Residential Care Center 91 Chestnut Street Manchester CT 06040

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$80.65 \$2,453.10

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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- (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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$155.28 \$4,723.10

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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- (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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$170.84 \$5,196.38

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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- (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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Blessed House 122 East Main St. Plainville CT 06062

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$119.60 \$3,637.83

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Briarcliff Convalescent Corp. 179 Coleman Street New London CT 06320

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$91.38 \$2,779.48

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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- (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.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$100.98 \$3,071.48

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Carriage Manor, LLC 157 Hillside Avenue Waterbury CT 06710

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$132.35 Monthly \$4,025.65

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Change Maple Leaf Manor, Inc. 614 New Britain Avenue Hartford CT 06106

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$116.50 \$3,543.54

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Change Meadowbrook Manor, Inc. 63 Westbrook Road Centerbrook CT 06409

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$110.49 \$3,360.74

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Char-Laine Manor, Inc Rockville CT 06066

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$144.64 Monthly 4,399.47

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Complete Care at Groton Regency 1145 Poquonock Road Groton CT 06340

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$120.11 \$3,653.35

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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- (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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Corner House Residential Care LLC 1 Griswold Street Meriden CT 06450

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> 7/1/2024 - 6/30/2025 <u>Daily</u> \$76.75

Monthly \$2,334.48

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Crestwood Manor, RCH 90 Broad Street Norwich CT 06360

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> 7/1/2024 - 6/30/2025 <u>Daily</u> \$147.25 Monthly \$4,478.85

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$126.31 \$3,841.93

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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- (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.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Eagle Landing Residential Care Home 268 Middlesex Avenue Chester CT 06412

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$129.10 \$3.926.79

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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- (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.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$86.50 \$2,631.04

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Elim Park Baptist Home 140 Cook Hill Rd Cheshire CT 06410

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> 7/1/2024 - 6/30/2025 <u>Daily</u> \$164.16 Monthly \$4,993.20

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$154.67 \$4,704.55

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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- (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.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$92.46 \$2,812.33

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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- (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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$106.16 Monthly \$3,229.03

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Evangelical Baptist Home 574 Ashford Center Road Ashford CT 06278

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$86.27 \$2,624.05

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$82.19 \$2,499.95

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$87.12 \$2,649.90

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

Monthly

\$3,742,77

July 26, 2024

Forest Hills Guest Home 462 Derby Avenue West Haven CT 06516

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> 7/1/2024 - 6/30/2025 \$123.05

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$73.77 \$2,243.84

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Frances Warde Towers 2021 Albany Avenue West Hartford CT 06117

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$124.88 \$3,798.43

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Freelove Manor, LLC 246 Quinn Street Naugatuck CT 06770

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$94.90 \$2,886.54

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Garden Brook Residential Care LLC 470 Straits Turnpike Watertown CT 06795

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$104.25 \$3,170.94

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$87.77 \$2,669.67

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Green Grove 148 Whitfield Street Guilford CT 06437

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$131.64 Monthly \$4,004.05

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$107.50 Monthly \$3,269,79

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Greystone Retirement Home 44 High Street Portland CT 06480

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$97.67 \$2.970.80

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$142.55 \$4,335.90

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$95.32 \$2,899.32

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

High Chase LLC 140 River Rd. Willington CT 06279

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$82.79 \$2,518.20

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Highvue Manor 2730 State Street Hamden CT 06514

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$91.67 \$2,788.30

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Holiday Manor, Inc. 29 Cottage Street Manchester CT 06040

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> 7/1/2024 - 6/30/2025 <u>Daily</u> \$97.79 Monthly \$2,974.45

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$95.21 \$2,895.97

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Jen's Care LLC 47 Cedar Grove Avenue New London CT 06320

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$153.45 \$4,667.44

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Jerome Home, The 975 Corbin Avenue New Britain CT 06052

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> 7/1/2024 - 6/30/2025

<u>Daily</u> \$162.82

Monthly \$4,952.44

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Julie House 425 Poquonock Ave Windsor CT 06095

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$159.49 \$4,851.15

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Leeway 40 Albert Street New Haven CT 06511

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$195.24 \$5,938.55

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Lillie Mae's Place LLC RCH 57 Main Street East Haven CT 06512

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$97.39 \$2,962.28

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Lutheran Home of Southbury, Inc. 990 Main Street North Southbury CT 06488

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> 7/1/2024 - 6/30/2025 <u>Daily</u> \$166.92 Monthly \$5,077.15

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$153.30 \$4,662.88

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

Monthly

\$4,839.90

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> 7/1/2024 - 6/30/2025 \$159.12

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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- (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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Masonicare Health Center 22 Masonic Avenue Wallingford CT 06492

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> 7/1/2024 - 6/30/2025 <u>Daily</u> \$154.84

Monthly \$4,709.72

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Massack Memorial Home 30 Davis Avenue Rockville CT 06066

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$107.04 Monthly \$3,255.80

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

McLean Health Center 75 Great Pond Road Simsbury CT 06070

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> 7/1/2024 - 6/30/2025

<u>Daily</u> \$160.76 Monthly \$4,889.78

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$98.71 \$3,002.43

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Nelson Place 17 Nelson Avenue Norwalk CT 06851

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$77.38 \$2,353.64

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

New Horizons Village 37 Bliss Road Unionville CT 06085

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$213.94 Monthly \$6,507.34

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Noble Horizons 17 Cobble Road Salisbury CT 06068

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$170.58 \$5,188.48

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$114.49 \$3,482.40

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Parsonage Cottage Senior Residence 88 Parsonage Rd. Greenwich CT 06830

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$164.53 Monthly \$5,004.45

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$114.99 Monthly \$3,497.61

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$183.94 \$5,594.84

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$114.03 Monthly \$3,468.41

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Roseland LLC 39 Canterbury Road Brooklyn CT 06234

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> 7/1/2024 - 6/30/2025 <u>Daily</u> \$125.25 Monthly \$3,809.69

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$157.18 Monthly \$4,780.89

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Saint Joseph's Residence 1365 Enfield Street Enfield CT 06082

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$163.90 \$4,985.29

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Scofield Manor 614 Scofieldtown Road Stamford CT 06903

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$147.68 Monthly \$4,491.93

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Seabury Health Center 200 Seabury Drive Bloomfield CT 06002

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$177.94 Monthly \$5,412.34

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Seacrest Retirement Center 588 Ocean Avenue West Haven CT 06516

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$124.10 \$3,774.71

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> 7/1/2024 - 6/30/2025 <u>Daily</u> \$174.62 Monthly \$5,311.36

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Shailerville Manor, LLC 1179 Saybrook Rd. Haddam CT 06438

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$113.19 Monthly \$3,442.86

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Silver Manor Residential Care Home 128 Curtis Street Meriden CT 06450

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$82.87 \$2,520.63

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> 7/1/2024 - 6/30/2025 <u>Daily</u> \$151.86 Monthly \$4,619.08

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$100.85 Monthly \$3,067.52

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Stewart Rest Home 93 High Street East Haven CT 06512

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> 7/1/2024 - 6/30/2025 <u>Daily</u> \$106.74 Monthly \$3,246.68

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. Any questions or correspondence concerning this rate letter should be directed to Rich Wysocki, PCA, Reimbursement and Certificate of Need, Department of Social Services at rich.wysocki@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

The Manor on Pine Street 53 Pine Street Waterbury CT 06710

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$86.56 \$2,632.87

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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- (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.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Tracy Manor, Inc 22 Fenway Street West Hartford CT 06119

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$126.70 \$3,853.79

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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- (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.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$155.35 \$4,725.23

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

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

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025 <u>Daily</u> \$113.56 Monthly \$3,454.12

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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:

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Westcott - Wilcox Home 50 Capron Street Danielson CT 06239

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

Rate Period 7/1/2024 - 6/30/2025

<u>Daily</u> \$118.52 Monthly \$3,604.98

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Westside Manor 9 West High Street East Hampton CT 06424

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$79.97 \$2,432.42

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

July 26, 2024

Worthington Manor 316 Berlin St. East Berlin CT 06023

Dear Provider:

For the rate period of July 1, 2024, through June 30, 2025, the following Residential Care Home 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:

<u>Rate Period</u> <u>Daily</u> <u>Monthly</u> 7/1/2024 - 6/30/2025 \$98.06 \$2.982.66

The July 1, 2024, rate has been determined pursuant to Public Act 23-204 and reflects fair rent increases based on fair rental additions as reported in the 2023 Annual Reports. Pursuant to Section 17b-340(a), licensed residential care homes that fail to submit a complete and accurate cost report may not receive rate increases. If your facility failed to submit a 2023 cost report to the Department, the above-mentioned rate may not be eligible for rate adjustments. Eligible rate adjustments will be made once a complete and accurate cost report has been submitted to the Department.

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Sincerely,

Andrea Barton Reeves, J.D.