



# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

MICHAEL GILBERT  
Deputy Commissioner

August 11, 2020

Ability Beyond Disability  
3 Beckerle Street  
Danbury CT 06810

RE: ABD-Beckerle Dr. Group Home

Provider #: 60988

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$438.77

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117 Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have 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 grievance **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 grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to [Theresa.Messner@ct.gov](mailto:Theresa.Messner@ct.gov) and [Paula.Pfistner@ct.gov](mailto:Paula.Pfistner@ct.gov).

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at [Paula.Pfistner@ct.gov](mailto:Paula.Pfistner@ct.gov).

Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
2 Deer Hill Drive  
Danbury CT 06810

RE: ABD-Deer Hill Dr.

Provider #: 65640

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$508.32

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
89 Dodgingtown Road  
Bethel CT 06801

RE: ABD-Dodgingtown Rd.

Provider #: 60418

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$543.97

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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**MICHAEL GILBERT**  
Deputy Commissioner

**Date**

August 11, 2020

Ability Beyond Disability  
26 Dorset Lane  
Brookfield CT 06804

RE: ABD-Dorset

Provider #: 65806

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$462.08

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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Sincerely,

Michael Gilbert  
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**MICHAEL GILBERT**  
Deputy Commissioner

Date  
August 11, 2020

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1-800-842-4524  
EMAIL:  
mike.gilbert@ct.gov

Ability Beyond Disability  
14 Green View Road  
New Milford CT 06776

RE: ABD-Greenview Rd.

Provider #: 65658

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$474.26

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
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MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
54 Lanesville Road  
New Milford CT 06776

RE: ABD-Lanesville Rd.

Provider #: 64535

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$537.29

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
156 Longmeadow Hill Road  
Brookfield CT 06804

RE: ABD-Longmeadow

Provider #: 62380

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$470.48

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
27 Maple Avenue  
Danbury CT 06810

RE: ABD-Maple Ave.

Provider #: 60442

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$404.97

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
6 Mountainville Road  
Danbury CT 06810

RE: ABD-Mountainville Rd

Provider #: 61010

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$564.39

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
2 Old Hawleyville Road  
Newtown CT 06470

RE: ABD-Old Hawleyville

Provider #: 61242

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$422

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

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MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
19 Pleasant Rise Circle  
Brookfield CT 06804

RE: ABD-Pleasant Rise Circle

Provider #: 008092136

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$420

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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 grievance **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 grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to [Theresa.Messner@ct.gov](mailto:Theresa.Messner@ct.gov) and [Paula.Pfistner@ct.gov](mailto:Paula.Pfistner@ct.gov).

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at [Paula.Pfistner@ct.gov](mailto:Paula.Pfistner@ct.gov).

Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

10



# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
8 Pound Sweet Road  
Bethel CT 06801

RE: ABD-Pound Sweet Rd.

Provider #: 62398

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$458.97

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
27 Ridge Road  
Newtown CT 06470

RE: ABD-Ridge Rd.

Provider #: 62356

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$433.74

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
45 Ritch Drive  
Ridgefield CT 06877

RE: ABD-Ritch Rd.

Provider #: 65781

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$449.18

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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EMAIL:  
mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
12 Saw Mill Road  
New Fairfield CT 06812

RE: ABD-Saw Mill Rd.

Provider #: 65799

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$566.37

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

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TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
5 Squire Court  
Brookfield CT 06804

RE: ABD-Squire Court

Provider #: 65880

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$482.75

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
36 Sweetcake Mountain Road  
New Fairfield CT 06812

RE: ABD-Sweetcake Mt.

Provider #: 65898

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$426.97

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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1-800-842-4524  
EMAIL:  
mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
7 Valleyview Road  
Brookfield CT 06804

RE: ABD-Valleyview Provider #: 61440

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$403.97

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

**Date**

August 11, 2020

Ability Beyond Disability  
41 West Street  
Newtown CT 06470

RE: ABD-West St.

Provider #: 62349

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$380.52

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Ability Beyond Disability  
8 Whipoorwill Road  
Bethel CT 06801

RE: ABD-Whipoorwill

Provider #: 62364

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$452.17

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT  
Deputy Commissioner

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

Date  
August 11, 2020

Abilis  
50 Glenville Street  
Greenwich CT 06831

RE: Abilis-Cross Ridge Drive Provider #: 66698

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$515.89

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

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MICHAEL GILBERT  
Deputy Commissioner

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

Date  
August 11, 2020

Abilis  
50 Glenville Street  
Greenwich CT 06831

RE: Abilis-Little Hill Provider #: 64379

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$531.89

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117 Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have 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 grievance **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 grievance.

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Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at [Paula.Pfistner@ct.gov](mailto:Paula.Pfistner@ct.gov).

Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

10



# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Alternatives, Inc.  
68 Genoa Street  
Waterbury CT 06708

RE: Alternatives, Inc - Genoa Street

Provider #: 008022940

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$545.3

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

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TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Alternatives, Inc.  
148 Highview St  
Waterbury CT 06708

RE: Alternatives, Inc-Highview Street

Provider #: 65096

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$570.85

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Alternatives, Inc.  
48 Lakeside Boulevard East  
Waterbury CT 06708

RE: Alternatives, Inc-Lakeside Boulevard

Provider #: 65062

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$580.07

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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EMAIL:

mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Benhaven, Inc.  
187 Half Mile Road  
North Haven CT 06473

RE: Benhaven-Rosenberg House

Provider #: 61606

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$474.35

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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(860) 424-4960

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EMAIL:

mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

**Date**

August 11, 2020

Connecticut Institute for the Blind  
1 Bruns Road  
Ansonia CT 06401

RE: CIB-Bruns Road

Provider #: 66052

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$496.56

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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S. Ouellette Myers & Stauffer

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# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
85 Burnham Road  
West Hartford CT 06119

RE: CIB-Burnham Road

Provider #: 61473

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$600.19

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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EMAIL:  
mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
25 North Church Street  
Granby CT 06035

RE: CIB-Carolyn John

Provider #: 60509

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$486.81

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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EMAIL:  
mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
8 Carriage Drive  
Burlington CT 06013

RE: CIB-Carriage House

Provider #: 61143

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$557.74

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
34 Cloverdale Avenue  
Shelton CT 06484

RE: CIB-Cloverdale

Provider #: 66135

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$714.56

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
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# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
225 Duncaster Road  
Bloomfield CT 06002

RE: CIB-Duncaster

Provider #: 62646

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$430.99

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Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at [Paula.Pfistner@ct.gov](mailto:Paula.Pfistner@ct.gov).

Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

10



# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
1 Avon Street  
Enfield CT 06082

RE: CIB-Enfield GH

Provider #: 62761

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$442.46

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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S. Ouellette Myers & Stauffer

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## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT  
Deputy Commissioner

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1-800-842-4524  
EMAIL:  
mike.gilbert@ct.gov

Date  
August 11, 2020

Connecticut Institute for the Blind  
24 Evans Drive  
Simsbury CT 06070

RE: CIB-Evans Drive Provider #: 62323

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$576.12

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117 Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
11 West Meath Lane  
Unionville CT 06085

RE: CIB-Farmington GH

Provider #: 62183

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$523.85

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
7 George Street  
Middlebury CT 06762

RE: CIB-George St.

Provider #: 66086

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$499.12

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117 Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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EMAIL:  
mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
210 Hayes Road  
Rocky Hill CT 06067

RE: CIB-Hayes Road Provider #: 61556

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$736.28

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117 Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
544 Moose Hill Road  
Monroe CT 06468

RE: CIB-Moose Hill Rd.

Provider #: 66185

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$573.62

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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# STATE OF CONNECTICUT

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mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
55 Pisgah Road  
Oxford CT 06478

RE: CIB-Pisgah Rd

Provider #: 66151

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$591.29

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

**Date**

August 11, 2020

Connecticut Institute for the Blind  
765 Prospect Street  
Wethersfield CT 06109

RE: CIB-Prospect Street

Provider #: 62977

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$459.46

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Michael Gilbert  
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# STATE OF CONNECTICUT

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EMAIL:  
mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
1 Juniper Drive  
Granby CT 06035

RE: CIB-Rob Edward Provider #: 60492

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$467.74

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117 Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
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mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Connecticut Institute for the Blind  
103 Prospect Street  
Watertown CT 06795

RE: CIB-Watertown Group Home Provider #: 66060

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$780.71

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
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10



# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Outreach, Inc.  
120 Boyd Street  
Winsted CT 06098

RE: CRI - Boyd Street

Provider #: 65369

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$576.49

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have 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 grievance **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 grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to [Theresa.Messner@ct.gov](mailto:Theresa.Messner@ct.gov) and [Paula.Pfistner@ct.gov](mailto:Paula.Pfistner@ct.gov).

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at [Paula.Pfistner@ct.gov](mailto:Paula.Pfistner@ct.gov).

Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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EMAIL:  
mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Outreach, Inc.  
116 Edward Avenue  
Torrington CT 06790

RE: CRI - Edward Avenue

Provider #: 65335

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$550.51

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer



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mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Outreach, Inc.  
3 Erica Lane  
Wolcott CT 06716

RE: CRI-Erica Lane

Provider #: 63842

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$653.13

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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S. Ouellette Myers & Stauffer

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MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Outreach, Inc.  
90 Farmington Avenue  
Plainville CT 06062

RE: CRI-Farmington Avenue

Provider #: 65997

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$468.08

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

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S. Ouellette Myers & Stauffer

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mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Outreach, Inc.  
25 Honey Hill Road  
Canaan CT 06018

RE: CRI-Honey Hill Provider #: 65351

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$476

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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Sincerely,

Michael Gilbert  
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**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Outreach, Inc.  
350 Lydale Place  
Meriden CT 06450

RE: CRI-Lydale Place

Provider #: 66367

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$508.27

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Outreach, Inc.  
52 Mohawk Road  
Bristol CT 06010

RE: CRI-Mohawk Road

Provider #: 63686

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$575.11

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Outreach, Inc.  
723 Plainville Avenue  
Farmington CT 06032

RE: CRI-Plainville Avenue Group Home

Provider #: 63074

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$552.67

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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**MICHAEL GILBERT**  
Deputy Commissioner

**Date**

August 11, 2020

Outreach, Inc.  
92 Royal Oak Road  
Farmington CT 06032

RE: CRI-Royal Oak

Provider #: 66218

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$511.04

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

**Date**

August 11, 2020

Outreach, Inc.  
166 Spencer Hill Road  
Winsted CT 06098

RE: CRI-Spencer Hill Road

Provider #: 65343

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$593.38

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
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**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Institute of Professional Practice  
490 Amity Rd.  
Woodbridge CT 06525

RE: IPP-Amity Rd.

Provider #: 62059

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$553

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Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at [Paula.Pfistner@ct.gov](mailto:Paula.Pfistner@ct.gov).

Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

10





# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

**MICHAEL GILBERT**  
Deputy Commissioner

**Date**  
August 11, 2020

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

Institute of Professional Practice  
26 Janet Drive  
North Haven CT 06473

RE: IPP-Janet Dr. Provider #: 62505

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$596.13

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117 Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Institute of Professional Practice  
15 Maple Street  
East Haven CT 06512

RE: IPP-Maple St.

Provider #: 61986

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$546.67

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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EMAIL:

mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Institute of Professional Practice  
1655 Ridge Rd.  
North Haven CT 06473

RE: IPP-Ridge Rd.

Provider #: 61929

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$517.15

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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EMAIL:

mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

**Date**

August 11, 2020

Institute of Professional Practice  
123 Scrub Oak Rd.  
North Haven CT 06473

RE: IPP-Scrub Oak

Provider #: 61945

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$541.49

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
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# STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Litchfield ARC  
314 Main Street  
Litchfield CT 06790

RE: LARC - Bertoli Drive

Provider #: 61937

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$352.54

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Marrakech Housing Options  
85 Englewood Dr  
New Haven CT 06511

RE: Marrakech-Englewood

Provider #: 61317

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$476.45

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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**MICHAEL GILBERT**  
Deputy Commissioner

Date

August 11, 2020

Marrakech Housing Options  
7 Lyda Dr.  
Milford CT 06460

RE: Marrakech-Lyda

Provider #: 64197

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$556.33

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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EMAIL:  
mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Marrakech Housing Options  
23 Wildwood Terrace  
West Haven CT 06516

RE: Marrakech-Wildwood Terrace Provider #: 64428

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$625.81

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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S. Ouellette Myers & Stauffer

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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Pathfinders Associates  
18 Belleview Dr.  
Derby CT 06418

RE: Pathfinders Assoc.-Belleview Dr.

Provider #: 66383

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$324.28

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

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Sincerely,

Michael Gilbert  
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# STATE OF CONNECTICUT

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EMAIL:  
mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

Date

August 11, 2020

Pathfinders Associates  
42 Franklin Street  
Derby CT 06418

RE: Pathfinders Assoc.-Franklin Street

Provider #: 60434

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$313.59

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Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

**MICHAEL GILBERT**  
Deputy Commissioner

**Date**

August 11, 2020

Pathfinders Associates  
4 Danielle Court  
Derby CT 06418

RE: Pathfinders Assoc.-Newman Home

Provider #: 67224

Dear Provider:

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

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020– 6/30/2021	ICF/IID	\$309.53

This rate was determined from the data submitted in the Annual Report of Long Term Care Facility for the year ended September 30, 2019, as adjusted through desk review subject to the 0% rate increase for Public Act 19-117. Fair rent additions based upon the cost year ending September 30, 2019 have been added.

As you know, the issued rate is subject to further adjustment for after-discovered differences in cost data which may take place, particularly as the result of 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 rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have 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 grievance **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 grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to [Theresa.Messner@ct.gov](mailto:Theresa.Messner@ct.gov) and [Paula.Pfistner@ct.gov](mailto:Paula.Pfistner@ct.gov).

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at [Paula.Pfistner@ct.gov](mailto:Paula.Pfistner@ct.gov).

Sincerely,

Michael Gilbert  
Deputy Commissioner

cc: A. Davis N. Venditto  
S. Ouellette Myers & Stauffer

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