

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE:

ABD-Beckerle Dr. Group Home

Provider #: <u>60988</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021–6/30/2022 Licensure ICF/IID Per Diem \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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 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 order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa.Messner@ct.gov and 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.

Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

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

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE:

ABD-Deer Hill Dr.

Provider #:

65640

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$531.19

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

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



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

(860) 424-4960 1-800-842-4524

TELEPHONE: (860) 424-5841

mike.gilbert@ct.gov

FAX:

TTY:

EMAIL:

MICHAEL GILBERT **Deputy Commissioner**

August 17, 2021

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE: ABD-Dodgingtown Rd.

Provider #: 60418

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period <u>Licensure</u> Per Diem 7/1/2021-6/30/2022 ICF/IID \$568.45

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Michael Gilbert Deputy Commissioner

Victace Sills

N. Venditto cc: A. Davis



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

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

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE: Provider #:

ABD-Dorset 65806

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021- 6/30/2022
 ICF/IID
 \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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mike.gilbert@ct.gov

TELEPHONE:

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE:

ABD-Greenview Rd.

Provider #: <u>65658</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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> 7/1/2021– 6/30/2022 Licensure ICF/IID Per Diem \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto



MICHAEL GILBERT

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

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

Deputy Commissioner

Ability Beyond Disability 4 Berkshire Blvd.

RE:

ABD-Lanesville Rd.

Provider #: <u>64535</u>

Dear Provider:

Bethel CT 06801

Effective July 1, 2021 through June 30, 2022, 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> 7/1/2021– 6/30/2022 ICF/IID \$561.93

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto

S. Ouellette Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT **Deputy Commissioner**

August 17, 2021

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

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE: Provider #: ABD-Longmeadow

62380

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 <u>Licensure</u> ICF/IID

Per Diem \$501.00

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Michael Gilbert Deputy Commissioner

N. Venditto cc: A. Davis

S. Ouellette Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT Deputy Commissioner

August 17, 2021

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

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE:

ABD-Maple Ave.

Provider #:

60442

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021- 6/30/2022

Licensure ICF/IID <u>Per Diem</u> \$501.00

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Sincerely

Michael Gilbert Deputy Commissioner

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



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT **Deputy Commissioner**

August 17, 2021

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

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE:

ABD-Mountainville Rd

Provider #:

61010

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period <u>Licensure</u> Per Diem 7/1/2021-6/30/2022 ICF/IID \$590.22

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Michael Gilbert Deputy Commissioner

N. Venditto cc: A. Davis



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE:

ABD-Old Hawleyville

Provider #:

61242

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021- 6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$501.00

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto

S. Ouellette Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

TY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

EMAIL: mike.gilbert@ct.gov

TELEPHONE: (860) 424-5841

(860) 424-4960

1-800-842-4524

FAX:

TTY:

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE: Provider #:

ABD-Pleasant Rise Circle

008092136

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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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- (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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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.

Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

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



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE: Provider #:

ABD-Pound Sweet Rd.

Per Diem

\$501.00

ovider #: <u>62398</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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> 7/1/2021– 6/30/2022 ICF/IID

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto

S. Ouellette Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE: Provider #:

ABD-Ridge Rd.

rovider #: <u>62356</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021-6/30/2022
 ICF/IID
 \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

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

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE:

ABD-Ritch Rd.

Provider #:

65781

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

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



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

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

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE:

ABD-Saw Mill Rd.

Provider #:

65799

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021- 6/30/2022 Licensure ICF/IID Per Diem \$591.86

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

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



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE: Provider #:

ABD-Squire Court

ovider #: <u>65880</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021-6/30/2022
 ICF/IID
 \$504.47

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



MICHAEL GILBERT

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

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

Deputy Commissioner

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE:

ABD-Sweetcake Mt.

Provider #: 65898

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021-6/30/2022
 ICF/IID
 \$501.00

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

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

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE:

ABD-Valleyview

Provider #:

61440

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021- 6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$501.00

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Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE:

ABD-West St.

Provider #: <u>623</u>4

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021- 6/30/2022
 ICF/IID
 \$501.00

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



MICHAEL GILBERT

Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

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

10

Ability Beyond Disability 4 Berkshire Blvd. Bethel CT 06801

RE:

ABD-Whippoorwill

Provider #: <u>62364</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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> 7/1/2021– 6/30/2022 ICF/IID \$501.00

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Abilis

50 Glenville Street RE: <u>Abilis-Cross Ridge Drive</u>

Greenwich CT 06831 Provider #: 66698

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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> 7/1/2021– 6/30/2022 ICF/IID \$539.11

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT **Deputy Commissioner**

August 17, 2021

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

Abilis

50 Glenville Street

Greenwich CT 06831

RE:

Abilis-Little Hill

Provider #: 64379

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 <u>Licensure</u> ICF/IID

Per Diem \$556.17

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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 aggreevement 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 order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa.Messner@ct.gov and 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.

Victace Sills

Michael Gilbert Deputy Commissioner

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



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Alternatives, Inc.

588 Maple Ave., P.O. Box 766

Cheshire CT 06410

RE: Provider #: Alternatives, Inc-Genoa Street

vider #: <u>008022940</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 Licensure ICF/IID Per Diem \$569.84

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto

S. Ouellette Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Alternatives, Inc.

588 Maple Ave., P.O. Box 766

Cheshire CT 06410

RE:

Alternatives, Inc-Highview Street

Provider #: 65096

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021–6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$596.54

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. V S. Ouellette Myo

N. Venditto Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

(860) 424-5841 **FAX:** (860) 424-4960 TTY: 1-800-842-4524 EMAIL:

mike.gilbert@ct.gov

TELEPHONE:

MICHAEL GILBERT **Deputy Commissioner**

August 17, 2021

Alternatives, Inc.

588 Maple Ave., P.O. Box 766

Cheshire CT 06410

RE:

Alternatives, Inc-Lakeside Boulevard

Provider #: 65062

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 <u>Licensure</u> ICF/IID

Per Diem \$606.17

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Michael Gilbert Deputy Commissioner

N. Venditto cc: A. Davis



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

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

RE:

Benhaven-Rosenberg House

Provider #: <u>61606</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021- 6/30/2022
 ICF/IID
 \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

TELEPHONE: (860) 424-5841 FAX: (860) 424-4960 TTY: 1-800-842-4524 EMAIL:

mike.gilbert@ct.gov

Connecticut Institute for the Blind

120 Holcomb Street Hartford CT 06112 RE: Provider #:

CIB-Bruns Road

vider #: <u>66052</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 Licensure ICF/IID Per Diem \$518.91

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

(860) 424-4960 1-800-842-4524

TELEPHONE: (860) 424-5841

mike.gilbert@ct.gov

FAX:

TTY:

EMAIL:

MICHAEL GILBERT **Deputy Commissioner**

August 17, 2021

Connecticut Institute for the Blind

120 Holcomb Street RE: CIB-Burnham Road

Hartford CT 06112 Provider #: 61473

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period <u>Licensure</u> Per Diem 7/1/2021-6/30/2022 ICF/IID \$627.20

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Michael Gilbert Deputy Commissioner

Victace Sills

N. Venditto cc: A. Davis



MICHAEL GILBERT

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

Deputy Commissioner

Hartford CT 06112

August 17, 2021

Connecticut Institute for the Blind 120 Holcomb Street

RE: Provider #: CIB-Carolyn John

60509

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 <u>Licensure</u> ICF/IID

Per Diem \$508.72

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Michael Gilbert Deputy Commissioner

N. Venditto cc: A. Davis



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Connecticut Institute for the Blind

120 Holcomb Street RE: <u>CIB-Carriage House</u>

Hartford CT 06112 Provider #: 61143

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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> 7/1/2021– 6/30/2022 ICF/IID \$582.84

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



MICHAEL GILBERT

Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

Connecticut Institute for the Blind

120 Holcomb Street

Hartford CT 06112

RE:

CIB-Cloverdale

Provider #:

66135

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021- 6/30/2022
 ICF/IID
 \$747.15

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto



MICHAEL GILBERT

Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

Connecticut Institute for the Blind

120 Holcomb Street RE: <u>CIB-Duncaster</u>

Hartford CT 06112 Provider #: 62646

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021- 6/30/2022
 ICF/IID
 \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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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.

Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

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

MICHAEL GILBERT
Deputy Commissioner

Connecticut Institute for the Blind

120 Holcomb Street RE: <u>CIB-Enfield GH</u>

Hartford CT 06112 Provider #: 62761

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021- 6/30/2022
 ICF/IID
 \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

MICHAEL GILBERT
Deputy Commissioner

Connecticut Institute for the Blind 120 Holcomb Street

Hartford CT 06112

RE:

CIB-Evans Drive

Provider #: 62

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021-6/30/2022
 ICF/IID
 \$602.05

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto

S. Ouellette Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

(860) 424-5841 **FAX:** (860) 424-4960 TTY: 1-800-842-4524 EMAIL:

mike.gilbert@ct.gov

TELEPHONE:

MICHAEL GILBERT

Deputy Commissioner

120 Holcomb Street

Hartford CT 06112

Connecticut Institute for the Blind

August 17, 2021

CIB-Farmington GH RE:

Provider #: 62183

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period <u>Licensure</u> Per Diem 7/1/2021-6/30/2022 ICF/IID \$548.06

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Michael Gilbert Deputy Commissioner

Victace Sills

N. Venditto cc: A. Davis



MICHAEL GILBERT

Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

Connecticut Institute for the Blind

120 Holcomb Street Hartford CT 06112 RE:

CIB-George St.

Provider #: <u>66086</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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> 7/1/2021– 6/30/2022 ICF/IID \$521.58

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



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

Deputy Commissioner

MICHAEL GILBERT

August 17, 2021

Connecticut Institute for the Blind

120 Holcomb Street Hartford CT 06112 RE: Provider #:

CIB-Hayes Road

vider #: 61556

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 Licensure ICF/IID Per Diem \$769.41

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

(860) 424-5841 **FAX:** (860) 424-4960 TTY: 1-800-842-4524 EMAIL:

mike.gilbert@ct.gov

TELEPHONE:

MICHAEL GILBERT

Deputy Commissioner

August 17, 2021

Connecticut Institute for the Blind 120 Holcomb Street

Hartford CT 06112

RE: Provider #: CIB-Moose Hill Rd.

66185

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period <u>Licensure</u> 7/1/2021-6/30/2022 ICF/IID

Per Diem \$599.43

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Michael Gilbert Deputy Commissioner

N. Venditto cc: A. Davis



MICHAEL GILBERT

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

Deputy Commissioner

Connecticut Institute for the Blind

120 Holcomb Street Hartford CT 06112 RE:

CIB-Pisgah Rd

Per Diem

\$617.90

Provider #:

66151

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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> 7/1/2021– 6/30/2022 ICF/IID

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto

S. Ouellette Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner August 17, 2021

Connecticut Institute for the Blind

120 Holcomb Street Hartford CT 06112 RE: Provider #:

CIB-Prospect Street

rovider #: <u>62977</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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> 7/1/2021– 6/30/2022 ICF/IID \$501.00

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



MICHAEL GILBERT

Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

2

Connecticut Institute for the Blind

120 Holcomb Street Hartford CT 06112 RE: Provider #:

CIB-Rob Edward

vider #: <u>60492</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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> 7/1/2021– 6/30/2022 ICF/IID \$501.00

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Connecticut Institute for the Blind

120 Holcomb Street RE: <u>CIB-Watertown Group Home</u>

Hartford CT 06112 Provider #: 66060

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021- 6/30/2022
 ICF/IID
 \$815.84

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Outreach, Inc.

50 Rockwell Road Newington CT 06111

RE:

CRI-Boyd Street

Provider #: <u>65369</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$602.43

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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 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 order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa.Messner@ct.gov and 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.

Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

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



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

Outreach, Inc.

MICHAEL GILBERT

Deputy Commissioner

50 Rockwell Road Newington CT 06111

RE:

CRI-Edward Avenue

Provider #: <u>65335</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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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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.

Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

Deputy Commissioner

MICHAEL GILBERT

Outreach, Inc. 50 Rockwell Road Newington CT 06111

RE:

CRI-Erica Lane

Provider #: 6384

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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> 7/1/2021– 6/30/2022 ICF/IID \$683.48

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

Outreach, Inc.

MICHAEL GILBERT

Deputy Commissioner

50 Rockwell Road Newington CT 06111

RE:

CRI-Farmington Avenue

Provider #: <u>65997</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021- 6/30/2022
 ICF/IID
 \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Outreach, Inc.

50 Rockwell Road Newington CT 06111

RE: Provider #:

CRI-Honey Hill

ovider #: <u>65351</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021- 6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis S. Ouellette

N. Venditto Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

Outreach, Inc.

MICHAEL GILBERT

Deputy Commissioner

50 Rockwell Road Newington CT 06111

RE:

CRI-Lydale Place

Provider #: <u>66367</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021-6/30/2022
 ICF/IID
 \$531.14

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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:

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto

S. Ouellette Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Outreach, Inc.

50 Rockwell Road Newington CT 06111

RE:

CRI-Mohawk Road

Provider #: <u>63686</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021- 6/30/2022

Licensure ICF/IID <u>Per Diem</u> \$600.99

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto

S. Ouellette Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Outreach, Inc.

50 Rockwell Road RE: Newington CT 06111 Provi

RE: <u>CRI-Plainville Avenue Group Home</u> Provider #: <u>63074</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021- 6/30/2022
 ICF/IID
 \$577.95

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Outreach, Inc.

50 Rockwell Road Newington CT 06111

RE:

CRI-Royal Oak

Provider #:

66218

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021- 6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$534.71

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

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



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner August 17, 2021

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

TELEPHONE:

Outreach, Inc.

50 Rockwell Road Newington CT 06111

RE: Provider #:

CRI-Spencer Hill Road

rovider #: <u>6534</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021-6/30/2022
 ICF/IID
 \$620.37

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto

S. Ouellette Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Aspire Living & Learning 538 Preston Avenue Meriden CT 06450

RE:

IPP-Amity Rd.

Provider #: <u>62059</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021- 6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$577.89

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

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

Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Aspire Living & Learning 538 Preston Avenue Meriden CT 06450

RE: Provider #: IPP-Janet Dr. 62505

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$622.96

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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 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 order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa.Messner@ct.gov and 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.

Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Aspire Living & Learning 538 Preston Avenue Meriden CT 06450

RE: Provider #:

IPP-Maple St.

ovider #: <u>61986</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021–6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$571.27

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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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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.

Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Aspire Living & Learning 538 Preston Avenue Meriden CT 06450

RE:

IPP-Ridge Rd,

Provider #: <u>61929</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021-6/30/2022
 ICF/IID
 \$540.42

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto



MICHAEL GILBERT

Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

August 17, 2021

Aspire Living & Learning 538 Preston Avenue

Meriden CT 06450

RE:

IPP-Scrub Oak ICF/MR

Provider #:

61945

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021-6/30/2022
 ICF/IID
 \$565.86

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT

Deputy Commissioner

August 17, 2021

Litchfield ARC 314 Main Street Torrington CT 06790

RE:

LARC - Bertoli Drive

Provider #:

61937

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 <u>Licensure</u> ICF/IID

Per Diem \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Michael Gilbert Deputy Commissioner

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



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Marrakech Housing Options 6 Lunar Drive

Woodbridge CT 06525

RE:

Marrakech-Englewood

Provider #: <u>61317</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021- 6/30/2022
 ICF/IID
 \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Marrakech Housing Options 6 Lunar Drive

Woodbridge CT 06525

RE:

Marrakech-Lyda

Provider #: <u>64197</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$581.36

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

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



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Marrakech Housing Options 6 Lunar Drive Woodbridge CT 06525

RE: <u>M</u>

Marrakech-Wildwood Terrace

Provider #: 64428

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021- 6/30/2022
 ICF/IID
 \$653.97

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Pathfinders Associates 114 Sodom Lane Derby CT 06418

RE:

Pathfinders Assoc.-Belleview Dr.

Provider #: <u>66383</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021- 6/30/2022
 ICF/IID
 \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



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 17, 2021

Pathfinders Associates 114 Sodom Lane Derby CT 06418

RE:

Pathfinders Assoc.-Franklin Street ICF/MR

Provider #: <u>60434</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021–6/30/2022 Licensure ICF/IID Per Diem \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Sincerely

Michael Gilbert Deputy Commissioner

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



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT **Deputy Commissioner**

August 17, 2021

Pathfinders Associates 114 Sodom Lane Derby CT 06418

RE:

Pathfinders Assoc.-Newman Home

Provider #: 67224

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021-6/30/2022 <u>Licensure</u> ICF/IID

Per Diem \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

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Victace Sills

Michael Gilbert Deputy Commissioner

N. Venditto cc: A. Davis S. Ouellette

Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Thornfield Hall

P O Box 415 Thompson CT 06277 RE: Provider #:

Thornfield Hall, Inc.

ovider #: <u>60160</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

 Rate Period
 Licensure
 Per Diem

 7/1/2021-6/30/2022
 ICF/IID
 \$501.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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 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 order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa.Messner@ct.gov and 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.

Sincerely

Michael Gilbert Deputy Commissioner

Victace Sills

cc: A. Davis N. Venditto



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Whole Life, Inc.

216 Broad Street FL 3 New London CT 06320 RE: Provider #:

Whole Life-Dunn Hill Road

ovider #: <u>61648</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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> 7/1/2021–6/30/2022 ICF/IID \$537.69

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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

Victace Sills

cc: A. Davis N. Venditto

S. Ouellette Myers & Stauffer



DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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

TELEPHONE:

MICHAEL GILBERT
Deputy Commissioner

August 17, 2021

Whole Life, Inc.

216 Broad Street FL 3 New London CT 06320 RE:

Whole Life-High Street

Provider #: <u>61499</u>

Dear Provider:

Effective July 1, 2021 through June 30, 2022, 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:

Rate Period 7/1/2021–6/30/2022 Licensure ICF/IID <u>Per Diem</u> \$555.19

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Report of Long Term Care Facility. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 21-2, established a minimum per diem rate of \$501. Facilities under the newly established \$501 minimum per diem rate will receive an increase to the \$501 minimum per diem rate.

Please note, rates are subject to future adjustment for after-discovered differences in cost data which may take place, particularly as the result of field audit. Also please note, as detailed in Public Act 21-2, facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries or benefits on or before July 31, 2021 may be subject to a rate decrease in the same as the amount as the adjustment. 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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