



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Beckerle Dr. Group Home
 Provider #:60988

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Deer Hill Dr.
 Provider #:65640

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 555.09

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Dodgingtown Rd.
 Provider #:60418

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 595.77

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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

10



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Dorset
 Provider #:65806

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 505.10

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Greenview Rd.
 Provider #:65658

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 517.90

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Lanesville Rd.
 Provider #:64535

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 587.22

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Longmeadow
 Provider #:62380

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 513.99

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Maple Ave.
 Provider #:60442

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Mountainville Rd
 Provider #:61010

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 616.78

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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

10



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Old Hawleyville
 Provider #:61242

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Pound Sweet Rd.
 Provider #:62398

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 503.73

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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

10



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Ridge Rd.
 Provider #:62356

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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

10



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Ritch Rd.
 Provider #:65781

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Saw Mill Rd.
 Provider #:65799

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 618.49

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Squire Court
 Provider #:65880

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 527.77

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Sweetcake Mt.
 Provider #:65898

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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

10



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Valleyview
 Provider #:61440

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-West St.
 Provider #:62349

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Ability Beyond Disability
 4 Berkshire Boulevard
 Bethel, CT 06801

RE: ABD-Whippoorwill
 Provider #:62364

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Abilis
 50 Glenville St
 Greenwich, CT 06831

RE: Abilis-Cross Ridge Drive
 Provider #:66698

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 564.09

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Abilis
 50 Glenville St
 Greenwich, CT 06831

RE: Abilis-Little Hill
 Provider #:64379

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 581.20

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Alternatives, Inc.
 558 Maple Avenue
 Cheshire, CT 06410-0766

RE: Alternatives, Inc-Genoa Street
 Provider #:008022940

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 595.48

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Alternatives, Inc.
 558 Maple Avenue
 Cheshire, CT 06410-0766

RE: Alternatives, Inc-Highview Street
 Provider #:65096

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 624.09

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Alternatives, Inc.
 558 Maple Avenue
 Cheshire, CT 06410-0766

RE: Alternatives, Inc-Lakeside Boulevard
 Provider #:65062

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 633.73

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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

10



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

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

RE: Benhaven-Rosenberg House
 Provider #:61606

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 518.88

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Bruns Road
 Provider #:66052

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 542.53

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Burnham Road
 Provider #:61473

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 655.42

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Carolyn John
 Provider #:60509

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 533.43

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Carriage House
 Provider #:61143

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 610.63

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Cloverdale
 Provider #:66135

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 780.77

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Duncaster
 Provider #:62646

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Enfield GH
 Provider #:62761

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Evans Drive
 Provider #:62323

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 629.14

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Farmington GH
 Provider #:62183

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 573.31

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-George St.
 Provider #:66086

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 545.05

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Hayes Road
 Provider #:61556

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 804.41

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Moose Hill Rd.
 Provider #:66185

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 626.40

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Pisgah Rd
 Provider #:66151

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 645.71

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Prospect Street
 Provider #:62977

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.75

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Rob Edward
 Provider #:60492

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 513.50

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Connecticut Institute for the Blind
 120 Holcomb St
 Hartford, CT 06112

RE: CIB-Watertown Group Home
 Provider #:66060

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 852.55

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Outreach, Inc.
 50 Rockwell Road
 Newington, CT 06111

RE: CRI-Boyd Street
 Provider #:65369

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 630.07

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Outreach, Inc.
 50 Rockwell Road
 Newington, CT 06111

RE: CRI-Edward Avenue
 Provider #:65335

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 601.17

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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

10



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Outreach, Inc.
 50 Rockwell Road
 Newington, CT 06111

RE: CRI-Erica Lane
 Provider #:63842

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 715.02

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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

10



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Outreach, Inc.
 50 Rockwell Road
 Newington, CT 06111

RE: CRI-Farmington Avenue
 Provider #:65997

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 511.15

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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

10



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Outreach, Inc.
 50 Rockwell Road
 Newington, CT 06111

RE: CRI-Honey Hill
 Provider #:65351

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 520.27

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Outreach, Inc.
 50 Rockwell Road
 Newington, CT 06111

RE: CRI-Lydale Place
 Provider #:66367

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 555.04

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Outreach, Inc.
 50 Rockwell Road
 Newington, CT 06111

RE: CRI-Mohawk Road
 Provider #:63686

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 629.41

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Outreach, Inc.
 50 Rockwell Road
 Newington, CT 06111

RE: CRI-Plainville Avenue Group Home
 Provider #:63074

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 603.96

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Outreach, Inc.
 50 Rockwell Road
 Newington, CT 06111

RE: CRI-Royal Oak
 Provider #:66218

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 559.58

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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

10



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Outreach, Inc.
 50 Rockwell Road
 Newington, CT 06111

RE: CRI-Spencer Hill Road
 Provider #:65343

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 648.29

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Aspire Living & Learning
 538 Preston Avenue
 Meriden, CT 06450

RE: IPP-Amity Rd.
 Provider #:62059

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 603.90

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Aspire Living & Learning
 538 Preston Avenue
 Meriden, CT 06450

RE: IPP-Janet Dr.
 Provider #:62505

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 650.99

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Aspire Living & Learning
 538 Preston Avenue
 Meriden, CT 06450

RE: IPP-Maple St.
 Provider #:61986

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 596.98

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Aspire Living & Learning
 538 Preston Avenue
 Meriden, CT 06450

RE: IPP-Ridge Rd.
 Provider #:61929

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 564.74

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Aspire Living & Learning
 538 Preston Avenue
 Meriden, CT 06450

RE: IPP-Scrub Oak ICF/MR
 Provider #:61945

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 591.32

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Litchfield ARC
 314 Main Street
 Torrington, CT 06790

RE: LARC - Bertoli Drive
 Provider #:61937

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Marrakech Housing Options
 6 Lunar Drive
 Woodbridge, CT 06525

RE: Marrakech-Englewood
 Provider #:61317

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 520.30

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Marrakech Housing Options
 6 Lunar Drive
 Woodbridge, CT 06525

RE: Marrakech-Lyda
 Provider #:64197

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 607.52

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Marrakech Housing Options
 6 Lunar Drive
 Woodbridge, CT 06525

RE: Marrakech-Wildwood Terrace
 Provider #:64428

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 683.40

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Pathfinders Associates
 114 Sodom Lane
 Derby, CT 06418

RE: Pathfinders Assoc.-Bellevue Dr.
 Provider #:66383

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Pathfinders Associates
 114 Sodom Lane
 Derby, CT 06418

RE: Pathfinders Assoc.-Franklin Street ICF/MR
 Provider #:60434

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Pathfinders Associates
 114 Sodom Lane
 Derby, CT 06418

RE: Pathfinders Assoc.-Newman Home
 Provider #:67224

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Thornfield Hall, Inc.
 330 Thompson Hill Road
 Thompson, CT 06277

RE: Thornfield Hall, Inc.
 Provider #:60160

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 501.00

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Whole Life, Inc.
 216 Broad Street - 2nd Floor
 New London, CT 06320

RE: Whole Life-Dunn Hill Road
 Provider #:61648

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 564.98

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

Telephone
 (860) 424-5693
Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

June 22, 2022

Whole Life, Inc.
 216 Broad Street - 2nd Floor
 New London, CT 06320

RE: Whole Life-High Street
 Provider #:61499

Dear Provider:

Effective July 1, 2022 through June 30, 2023, 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>
7/1/2022– 6/30/2023	ICF/IID	\$ 580.71

July 1, 2022 rates include fair rent increases based on fair rental additions reported in the 2021 Annual Report of Long Term Care Facility. Pursuant to Public Act 22-118, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h). Public Act 22-118, 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 22-118, 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, 2022 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa.Messner@ct.gov 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

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