DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Ability Beyond Disability 3 Beckerle Street Danbury CT 06810

ABD-Beckerle Dr. Group Home RE:

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524

E-mail: Commis.DSS@ct.gov www.ct.gov/dss

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Ability Beyond Disability 2 Deer Hill Drive Danbury CT 06810

RE: <u>ABD-Deer Hill Dr.</u>

Provider #: 65640

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023- 6/30/2024

Licensure ICF/IID Per Diem \$568.08

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Ability Beyond Disability 89 Dodgingtown Road Bethel CT 06801

RE:

ABD-Dodgingtown Rd.

Provider #: 60418

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023- 6/30/2024

Licensure ICF/IID Per Diem \$680.51

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Ability Beyond Disability 26 Dorset Lane Brookfield CT 06804

ABD-Dorset RE: Provider #: 65806

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period Licensure Per Diem ICF/IID 7/1/2023-6/30/2024

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Ability Beyond Disability 14 Green View Road New Milford CT 06776

RE:

ABD-Greenview Rd.

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524

E-mail: Commis.DSS@ct.gov www.ct.gov/dss

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Ability Beyond Disability 54 Lanesville Road New Milford CT 06776

RE:

ABD-Lanesville Rd.

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

August 2, 2023

Ability Beyond Disability 156 Longmeadow Hill Road Brookfield CT 06804

RE:

ABD-Longmeadow

10

Provider #:

62380

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

August 2, 2023

Ability Beyond Disability 27 Maple Avenue Danbury CT 06810

RE: ABD-Maple Ave.

Per Diem

\$501.00

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period Licensure ICF/IID 7/1/2023-6/30/2024

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Ability Beyond Disability 6 Mountainville Road Danbury CT 06810

RE:

ABD-Mountainville Rd

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Ability Beyond Disability 2 Old Hawleyville Road Newtown CT 06470

RE:

ABD-Old Hawleyville

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Ability Beyond Disability 19 Pleasant Rise Circle Brookfield CT 06804

RE: Provider #: ABD-Pleasant Rise Circle

008092136

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Ability Beyond Disability 8 Pound Sweet Road Bethel CT 06801

RE:

ABD-Pound Sweet Rd.

Provider #: 62393

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023- 6/30/2024

Licensure ICF/IID <u>Per Diem</u> \$531.66

7/1/2023- 6/30/2024 ICF/IID \$531.66

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care

Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Ability Beyond Disability 27 Ridge Road Newtown CT 06470

RE: Provider #: ABD-Ridge Rd.

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

August 2, 2023

Ability Beyond Disability 45 Ritch Drive Ridgefield CT 06877

RE:

ABD-Ritch Rd.

Provider #: 65781

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023- 6/30/2024

Licensure ICF/IID Per Diem \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Ability Beyond Disability 12 Saw Mill Road New Fairfield CT 06812

RE:

ABD-Saw Mill Rd.

Provider #: 65799

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023- 6/30/2024

Licensure ICF/IID Per Diem \$618.49

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Ability Beyond Disability 5 Squire Court Brookfield CT 06804

RE:

ABD-Squire Court

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Ability Beyond Disability 36 Sweetcake Mountain Road New Fairfield CT 06812

RE:

ABD-Sweetcake Mt.

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Ability Beyond Disability 7 Valleyview Road Brookfield CT 06804

RE:

ABD-Valleyview

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Ability Beyond Disability 41 West Street Newtown CT 06470

RE: Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524

E-mail: Commis.DSS@ct.gov www.ct.gov/dss

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Ability Beyond Disability 8 Whippoorwill Road Bethel CT 06801

RE:

ABD-Whippoorwill

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Abilis

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

Greenwich CT 06831 Provider #: 66698

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Abilis

50 Glenville Street RE: Abilis-Little Hill
Greenwich CT 06831 Provider #: 64379

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

 Rate Period
 Licensure
 Per Diem

 7/1/2023-6/30/2024
 ICF/IID
 \$612.68

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D. Commissioner

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

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Alternatives, Inc. 68 Genoa Street Waterbury CT 06708

RE: Alternatives, Inc-Genoa Street

008022940 Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Alternatives, Inc. 148 Highview St Waterbury CT 06708

RE: <u>Alternatives, Inc-Highview Street</u>

Provider #: 65096

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u> 7/1/2023– 6/30/2024 Licensure ICF/IID Per Diem \$669.79

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u>

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Alternatives, Inc. 48 Lakeside Boulevard East Waterbury CT 06708

RE:

Alternatives, Inc-Lakeside Boulevard

Provider #: 65062

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524

E-mail: Commis.DSS@ct.gov www.ct.gov/dss

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

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

RE:

Benhaven-Rosenberg House

Provider #: 61606

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

CIB-Bruns Road

OFFICE OF THE COMMISSIONER

August 2, 2023

Connecticut Institute for the Blind 1 Bruns Road

Ansonia CT 06401 Provider #: 66052

Dear Provider:

Effective July 1, 2023 through June 30, 2024, 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:

RE:

<u>Rate Period</u> <u>Licensure</u> <u>Per Diem</u> 7/1/2023–6/30/2024 ICF/IID \$611.56

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

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

Provider #:

RE:

CIB-Burnham Road

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

August 2, 2023

Connecticut Institute for the Blind 25 North Church Street

25 North Church Street RE: <u>CIB-Carolyn John</u>

Granby CT 06035 Provider #: 60509

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

 Rate Period
 Licensure
 Per Diem

 7/1/2023- 6/30/2024
 ICF/IID
 \$533.43

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Connecticut Institute for the Blind 8 Carriage Drive Burlington CT 06013

RE:

CIB-Carriage House

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524

E-mail: Commis.DSS@ct.gov www.ct.gov/dss

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

August 2, 2023

Connecticut Institute for the Blind 34 Cloverdale Avenue Shelton CT 06484

RE: Provider #:

CIB-Cloverdale

66135

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u> 7/1/2023– 6/30/2024

Licensure ICF/IID Per Diem \$860.77

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Connecticut Institute for the Blind 225 Duncaster Road Bloomfield CT 06002

RE:

CIB-Duncaster

Provider #: 62646

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023- 6/30/2024

Licensure ICF/IID Per Diem \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u>

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

August 2, 2023

Connecticut Institute for the Blind

1 Avon Street RE: <u>CIB-Enfield GH</u>

Enfield CT 06082 Provider #: 62761

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

 Rate Period
 Licensure
 Per Diem

 7/1/2023-6/30/2024
 ICF/IID
 \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Connecticut Institute for the Blind 24 Evans Drive Simsbury CT 06070

RE: Provider #: CIB-Evans Drive

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

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

RE: CIB-Farmington GH

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period Licensure ICF/IID 7/1/2023-6/30/2024

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524

E-mail: Commis.DSS@ct.gov www.ct.gov/dss

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Connecticut Institute for the Blind 7 George Street Middlebury CT 06762

RE: 9

CIB-George St. 66086

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D. Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

 $\begin{array}{c} \text{E-mail:} \underline{Commis.DSS@ct.gov} \\ \underline{www.ct.gov/dss} \end{array}$

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

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

RE: Provider #: CIB-Hayes Road

61556

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

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

RE: Provider #: CIB-Moose Hill Rd.

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period

Licensure

Per Diem

ICF/IID 7/1/2023-6/30/2024

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

August 2, 2023

Connecticut Institute for the Blind

55 Pisgah Road RE: <u>CIB-Pisgah Rd</u> Oxford CT 06478 Provider #: 66151

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

 Rate Period
 Licensure
 Per Diem

 7/1/2023- 6/30/2024
 ICF/IID
 \$737.49

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Connecticut Institute for the Blind 765 Prospect Street Wethersfield CT 06109

RE:

CIB-Prospect Street

Provider #: 62977

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023 – 6/30/2024

Licensure ICE/IID <u>Per Diem</u> \$544.32

7/1/2023-6/30/2024 ICF/IID \$544.32

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care

Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Connecticut Institute for the Blind

1 Juniper Drive RE: <u>CIB-Rob Edward (1 Juniper Dr)</u>

Granby CT 06035 Provider #: 60492

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

 Rate Period
 Licensure
 Per Diem

 7/1/2023-6/30/2024
 ICF/IID
 \$577.88

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u>

www.ct.gov/dss

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Connecticut Institute for the Blind 103 Prospect Street Watertown CT 06795

RE:

CIB-Watertown Group Home

Provider #: 66060

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period

Licensure

Per Diem

7/1/2023-6/30/2024 ICF/IID

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Outreach, Inc. 120 Boyd Street Winsted CT 06098

RE:

CRI-Boyd Street

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Outreach, Inc. 116 Edward Avenue Torrington CT 06790

RE:

CRI-Edward Avenue

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Outreach, Inc. 3 Erica Lane Wolcott CT 06716

RE:

CRI-Erica Lane

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Outreach, Inc. 90 Farmington Avenue Plainville CT 06062

RE:

CRI-Farmington Avenue

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

August 2, 2023

Outreach, Inc.

25 Honey Hill Road RE: <u>CRI-Honey Hill</u>
Canaan CT 06018 Provider #: 65351

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

 Rate Period
 Licensure
 Per Diem

 7/1/2023-6/30/2024
 ICF/IID
 \$549.05

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

THE OF THE COMMIS

August 2, 2023

Outreach, Inc. 350 Lydale Place Meriden CT 06450

RE:

CRI-Lydale Place

Provider #: 66367

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023- 6/30/2024

Licensure ICF/IID Per Diem \$598.22

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Outreach, Inc.

52 Mohawk Road RE: <u>CRI-Mohawk Road</u>

Bristol CT 06010 Provider #: 63686

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Outreach, Inc. 723 Plainville Avenue Farmington CT 06032

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

Provider #: 63074

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u> 7/1/2023– 6/30/2024

Licensure ICF/IID Per Diem \$685.80

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Outreach, Inc. 92 Royal Oak Road Farmington CT 06032

RE:

CRI-Royal Oak

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524

E-mail: Commis.DSS@ct.gov www.ct.gov/dss

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Outreach, Inc. 166 Spencer Hill Road Winsted CT 06098

RE:

CRI-Spencer Hill Road

Provider #: 65343

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u> 7/1/2023– 6/30/2024

Licensure ICF/IID Per Diem \$685.85

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057

TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

August 2, 2023

Aspire Living & Learning 490 Amity Rd. Woodbridge CT 06525

RE: Provider #:

IPP-Amity Rd.

· #: 62059

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u> 7/1/2023– 6/30/2024

Licensure ICF/IID Per Diem \$658.47

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Aspire Living & Learning 26 Janet Drive North Haven CT 06473

RE: <u>IPP-Janet Dr.</u> Provider #: 62505

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

 Rate Period
 Licensure
 Per Diem

 7/1/2023- 6/30/2024
 ICF/IID
 \$705.21

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov www.ct.gov/dss

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

August 2, 2023

Aspire Living & Learning 15 Maple Street East Haven CT 06512

RE: Provider #: IPP-Maple St.

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u> 7/1/2023– 6/30/2024

Licensure ICF/IID <u>Per Diem</u> \$702.65

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Aspire Living & Learning 1655 Ridge Rd. North Haven CT 06473

IPP-Ridge Rd, RE: Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period Licensure Per Diem ICF/IID 7/1/2023-6/30/2024

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

August 2, 2023

Aspire Living & Learning 123 Scrub Oak Rd. North Haven CT 06473

RE:

IPP-Scrub Oak ICF/MR

Provider #:

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 **Licensure** ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

TTICE OF THE COMMISS

August 2, 2023

Litchfield ARC 314 Main Street Litchfield CT 06790

RE:

LARC - Bertoli Drive

Provider #: 61937

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023- 6/30/2024

Licensure ICF/IID Per Diem \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Marrakech Housing Options 85 Englewood Dr New Haven CT 06511

RE:

Marrakech-Englewood

Provider #: 61317

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u> 7/1/2023– 6/30/2024

Licensure ICF/IID Per Diem \$646.89

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

August 2, 2023

Marrakech Housing Options 7 Lyda Dr. Milford CT 06460

RE:

Marrakech-Lyda

Provider #: 64197

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Marrakech Housing Options 23 Wildwood Terrace West Haven CT 06516

RE:

Marrakech-Wildwood Terrace

Provider #: 64428

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Pathfinders Associates 18 Belleview Dr.

RE: Pathfinders Assoc.-Belleview Dr.

Derby CT 06418 Provider #: 66383

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period Licensure Per Diem ICF/IID 7/1/2023-6/30/2024 \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Pathfinders Associates 42 Franklin Street Derby CT 06418

Pathfinders Assoc.-Franklin Street ICF/MR RE:

Provider #: 60434

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period Licensure Per Diem ICF/IID 7/1/2023-6/30/2024 \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Pathfinders Associates

4 Danielle Court RE: <u>Pathfinders Assoc.-Newman Home</u>

Derby CT 06418 Provider #: 67224

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

 Rate Period
 Licensure
 Per Diem

 7/1/2023- 6/30/2024
 ICF/IID
 \$501.00

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u>

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

330 Thompson Hill Rd
Thompson CT 06277
RE: Thornfield Hall, Inc.
60160

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

 Rate Period
 Licensure
 Per Diem

 7/1/2023-6/30/2024
 ICF/IID
 \$547.82

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

OFFICE OF THE COMMISSIONER

August 2, 2023

Whole Life, Inc. 59 Dunn Hill Road Tolland CT 06084

RE:

Whole Life-Dunn Hill Road

Provider #: 61648

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u> 7/1/2023– 6/30/2024

Licensure ICF/IID <u>Per Diem</u> \$682.92

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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 aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: <u>Commis.DSS@ct.gov</u> www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

OFFICE OF THE COMMISSIONER

August 2, 2023

Whole Life, Inc. 139 High Street Coventry CT 06238

RE:

Whole Life-High Street

Provider #: 61499

Dear Provider:

Effective July 1, 2023 through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Rate Period 7/1/2023-6/30/2024 Licensure ICF/IID

Per Diem

July 1, 2023 rates include fair rent increases based on fair rental additions reported in the 2022 Annual Report of Long Term Care Facility. Pursuant to Public Act 23-204, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement pursuant to 17b-340(h) and also includes a 2% Legislative adjustment factor. Public Act 22-118, established a minimum per diem rate of \$501, which remains in effect. Facilities under the \$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

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 aggreenent within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

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

Any questions or correspondence concerning this rate should be directed to Paula J. Pfistner, Principal Cost Analyst, Reimbursement and CON, Department of Social Services at Paula.Pfistner@ct.gov or David.Dettore@ct.gov

Sincerely.

Andrea Barton Reeves, J.D.

Commissioner

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

> Phone: (860) 424-5008 • Fax: (860) 424-5057 TTY: 1-800-842-4524 E-mail: Commis.DSS@ct.gov