### DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

#### OFFICE OF THE COMMISSIONER

July 30, 2024

Ability Beyond Disability 3 Beckerle Street Danbury CT 06810

RE:

ABD-Beckerle Dr. Group Home

Provider #: 60988

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$501.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc:

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

July 30, 2024

Ability Beyond Disability 2 Deer Hill Drive Danbury CT 06810

ABD-Deer Hill Dr.

Provider #:

65640

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$613.23

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc: 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

July 30, 2024

Ability Beyond Disability 89 Dodgingtown Road Bethel CT 06801

RE:

ABD-Dodgingtown Rd.

Provider #: 60418

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025 Licensure ICF/IID Per Diem \$701.31

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at  $\underline{cida.dss@ct.gov}$ .

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

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

r

## DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

## OFFICE OF THE COMMISSIONER

July 30, 2024

Ability Beyond Disability 26 Dorset Lane Brookfield CT 06804

Provider #:

ABD-Dorset

65806

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure

Per Diem

ICF/IID \$523.66

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc:

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

July 30, 2024

Ability Beyond Disability 14 Green View Road New Milford CT 06776

RE:

ABD-Greenview Rd.

Provider #:

65658

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$575.78

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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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

July 30, 2024

Ability Beyond Disability 54 Lanesville Road New Milford CT 06776

RE:

ABD-Lanesville Rd.

Provider #: 64535

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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

7/1/2024- 6/30/2025 ICF/IID \$743.65

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a Legislative adjustment factor. Public Act 22-

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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

July 30, 2024

Ability Beyond Disability 156 Longmeadow Hill Road Brookfield CT 06804

RE:

ABD-Longmeadow

Provider #: 62

62380

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID <u>Per Diem</u> \$530.30

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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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

July 30, 2024

Ability Beyond Disability 27 Maple Avenue Danbury CT 06810

ABD-Maple Ave.

Provider #:

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$501.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc: 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

July 30, 2024

Ability Beyond Disability 6 Mountainville Road Danbury CT 06810

RE:

ABD-Mountainville Rd

Provider #: 61010

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024– 6/30/2025 Licensure ICF/IID Per Diem \$609.11

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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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

July 30, 2024

Ability Beyond Disability 2 Old Hawleyville Road Newtown CT 06470

RE:

ABD-Old Hawleyville

Provider #: 61242

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025 Licensure ICF/IID Per Diem \$501.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Ability Beyond Disability 19 Pleasant Rise Circle Brookfield CT 06804

ABD-Pleasant Rise Circle

Provider #:

008092136

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$501.00

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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 con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc:

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

July 30, 2024

Ability Beyond Disability 8 Pound Sweet Road Bethel CT 06801

RE:

ABD-Pound Sweet Rd.

Provider #:

62398

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$554.15

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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 con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Ability Beyond Disability 27 Ridge Road Newtown CT 06470

RE:

ABD-Ridge Rd.

Provider #: 6

62356

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024– 6/30/2025

property tax exemptions.

Licensure ICF/IID Per Diem \$527.06

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance

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.

with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding

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

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Ability Beyond Disability 45 Ritch Drive Ridgefield CT 06877

ABD-Ritch Rd.

Provider #:

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$501.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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
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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc: 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

July 30, 2024

Ability Beyond Disability 12 Saw Mill Road New Fairfield CT 06812

RE:

ABD-Saw Mill Rd.

Provider #: 65799

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024– 6/30/2025 Licensure ICF/IID Per Diem \$566.82

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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
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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 con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Ability Beyond Disability 5 Squire Court Brookfield CT 06804

RE:

ABD-Squire Court

Provider #: 65880

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$516.70

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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:

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Ability Beyond Disability 36 Sweetcake Mountain Road New Fairfield CT 06812

RE: Provider #:

ABD-Sweetcake Mt.

65898

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$501.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Ability Beyond Disability 7 Valleyview Road Brookfield CT 06804

RE:

ABD-Valleyview

Provider #: 61440

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$571.33

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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:

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Ability Beyond Disability 41 West Street Newtown CT 06470

RE:

ABD-West St.

Provider #: 6234

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024– 6/30/2025 Licensure ICF/IID Per Diem \$501.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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:

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Ability Beyond Disability 8 Whippoorwill Road Bethel CT 06801

ABD-Whippoorwill

Provider #:

62364

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$501.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc:

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

July 30, 2024

Abilis

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

Greenwich CT 06831 Provider #: 66698

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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

 7/1/2024–6/30/2025
 ICF/IID
 \$700.79

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Abilis

50 Glenville Street RE: <u>Abilis-Little Hill</u>

Greenwich CT 06831 Provider #: 64379

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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

 7/1/2024- 6/30/2025
 ICF/IID
 \$643.06

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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 <u>con-ratesetting.dss@ct.gov</u> and <u>cida.dss@ct.gov</u>.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Alternatives, Inc. 68 Genoa Street Waterbury CT 06708

RE:

Alternatives, Inc-Genoa Street

Provider #:

008022940

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025 Licensure ICF/IID Per Diem \$627.07

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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 <u>con-ratesetting.dss@ct.gov</u> and <u>cida.dss@ct.gov</u>.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Alternatives, Inc. 148 Highview St Waterbury CT 06708

RE:

Alternatives, Inc-Highview Street

Provider #: 65096

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024– 6/30/2025 Licensure ICF/IID Per Diem \$682.94

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Alternatives, Inc. 48 Lakeside Boulevard East Waterbury CT 06708

RE:

Alternatives, Inc-Lakeside Boulevard

Provider #: 65062

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$659.48

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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:

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc:

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

July 30, 2024

Aspire Living & Learning 490 Amity Rd.
Woodbridge CT 06525

RE:

Aspire-Amity Rd.

Provider #: 62

62059

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID <u>Per Diem</u>

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D. Commissioner

\_

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

cc:

### DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

#### OFFICE OF THE COMMISSIONER

July 30, 2024

Aspire Living & Learning 26 Janet Drive
North Haven CT 06473

RE:

Aspire-Janet Dr.

Provider #:

62505

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$622.31

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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:

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Aspire Living & Learning 15 Maple Street East Haven CT 06512

RE:

Aspire-Maple St.

Provider #:

61986

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$662.20

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

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

RE:

Aspire-Ridge Rd,

Provider #:

61929

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$628.95

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at  $\underline{cida.dss@ct.gov}$ .

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

July 30, 2024

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

Aspire-Scrub Oak

Provider #:

61945

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$629.88

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc: 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

July 30, 2024

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

RE:

Benhaven-Rosenberg House

Provider #: 61606

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025 Licensure ICF/IID <u>Per Diem</u> \$574.93

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Connecticut Institute for the Blind 1 Bruns Road

 1 Bruns Road
 RE:
 <u>CIB-Bruns Road</u>

 Ansonia CT 06401
 Provider #:
 66052

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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

 7/1/2024–6/30/2025
 ICF/IID
 \$711.96

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D. Commissioner

cc: A. Davis N. Venditto

S. Ouellette Myers & Stauffer 10

## DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

### **OFFICE OF THE COMMISSIONER**

July 30, 2024

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

RE:

CIB-Burnham Road

Provider #: 61473

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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 <u>con-ratesetting.dss@ct.gov</u> and <u>cida.dss@ct.gov</u>.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

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

RE: Provider #:

CIB-Carolyn John

60509

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024– 6/30/2025 Licensure ICF/IID Per Diem \$593.18

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Connecticut Institute for the Blind 8 Carriage Drive Burlington CT 06013

RE: Provider #:

CIB-Carriage House

61143

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024– 6/30/2025 Licensure ICF/IID Per Diem \$665.35

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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:

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Connecticut Institute for the Blind 34 Cloverdale Avenue Shelton CT 06484

RE:

CIB-Cloverdale

Provider #:

66135

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$911.63

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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:

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at  $\underline{cida.dss@ct.gov}$ .

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

July 30, 2024

Connecticut Institute for the Blind 225 Duncaster Road Bloomfield CT 06002

RE:

CIB-Duncaster

Provider #:

62646

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$501.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc:

S. Ouellette Myers & Stauffer

### DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

10

### OFFICE OF THE COMMISSIONER

July 30, 2024

Connecticut Institute for the Blind 1 Avon Street Enfield CT 06082

RE: <u>CIB-Enfield GH</u>

Provider #: 62761

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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

 7/1/2024- 6/30/2025
 ICF/IID
 \$530.47

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at  $\underline{cida.dss@ct.gov}$ .

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

July 30, 2024

Connecticut Institute for the Blind 24 Evans Drive Simsbury CT 06070

RE:

CIB-Evans Drive

Provider #:

62323

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025

property tax exemptions.

Licensure ICF/IID

Per Diem \$681.54

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc: 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

July 30, 2024

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

RE:

CIB-Farmington GH

Provider #: 62183

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024– 6/30/2025 Licensure ICF/IID <u>Per Diem</u> \$551.79

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Connecticut Institute for the Blind 7 George Street

Middlebury CT 06762

RE:

CIB-George St.

Provider #: 66086

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$614.77

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at  $\underline{cida.dss@ct.gov}$ .

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

July 30, 2024

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

RE:

CIB-Hayes Road

Provider #: 61556

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025 Licensure ICF/IID Per Diem \$894.37

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

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

RE:

CIB-Moose Hill Rd.

Provider #:

66185

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$724.56

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggreevement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc: 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

July 30, 2024

Connecticut Institute for the Blind 55 Pisgah Road Oxford CT 06478

Provider #:

RE:

CIB-Pisgah Rd

66151

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$703.85

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc:

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

July 30, 2024

Connecticut Institute for the Blind 765 Prospect Street Wethersfield CT 06109

RE: Provider #:

**CIB-Prospect Street** 

#: 62977

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025 Licensure ICF/IID Per Diem \$596.49

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Connecticut Institute for the Blind 1 Juniper Drive Granby CT 06035

Provider #:

RE:

CIB-Rob Edward (1 Juniper Dr)

60492

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$614.52

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc:

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

July 30, 2024

Connecticut Institute for the Blind 103 Prospect Street Watertown CT 06795

RE: Provider #: CIB-Watertown Group Home

66060

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$887.24

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc:

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

July 30, 2024

Outreach, Inc. 120 Boyd Street Winsted CT 06098

RE:

CRI-Boyd Street

Provider #:

65369

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$656.64

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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
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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 <u>con-ratesetting.dss@ct.gov</u> and <u>cida.dss@ct.gov</u>.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Outreach, Inc. 116 Edward Avenue Torrington CT 06790

RE:

CRI-Edward Avenue

Provider #: 65335

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$712.92

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Outreach, Inc. 3 Erica Lane Wolcott CT 06716

RE:

CRI-Erica Lane

Provider #:

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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:

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc: 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

July 30, 2024

Outreach, Inc. 90 Farmington Avenue Plainville CT 06062

RE:

CRI-Farmington Avenue

Provider #: 65997

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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:

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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 con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc:

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

July 30, 2024

Outreach, Inc. 350 Lydale Place Meriden CT 06450

RE:

CRI-Lydale Place

Provider #:

66367

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$605.82

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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:

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- (2) Send a detailed, written description of all items of aggrievement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to <u>con-ratesetting.dss@ct.gov</u> and <u>cida.dss@ct.gov</u>.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at  $\underline{cida.dss@ct.gov}$ .

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

July 30, 2024

Outreach, Inc. 723 Plainville Avenue Farmington CT 06032

RE:

CRI-Plainville Avenue Group Home

Provider #: 63074

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$675.21

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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:

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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 con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc:

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

July 30, 2024

Outreach, Inc. 92 Royal Oak Road Farmington CT 06032

RE:

CRI-Royal Oak

Provider #: 66218

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$602.95

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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 con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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

July 30, 2024

Outreach, Inc.

166 Spencer Hill Road CRI-Spencer Hill Road RE:

Winsted CT 06098 Provider #:

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and the regulations promulgated pursuant thereto:

Licensure Rate Period Per Diem 7/1/2024-6/30/2025 ICF/IID \$613.98

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; AND
- (2) Send a detailed, written description of all items of aggreevement within 90 days of the date of this letter. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc: 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

July 30, 2024

Litchfield ARC 314 Main Street Litchfield CT 06790

RE:

LARC - Bertoli Drive

Provider #:

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$501.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc: 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

July 30, 2024

Marrakech Housing Options 85 Englewood Dr New Haven CT 06511

RE:

Marrakech-Englewood

Provider #: 61317

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$610.87

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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:

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at  $\underline{cida.dss@ct.gov}$ .

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

#### OFFICE OF THE COMMISSIONER

July 30, 2024

Marrakech Housing Options 7 Lyda Dr.

Milford CT 06460 Provider #:

RE: <u>Marrakech-Lyda</u> Provider #: 64197

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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

 7/1/2024–6/30/2025
 ICF/IID
 \$621.52

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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> <u>www.ct.gov/dss</u>

### DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D. Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

#### OFFICE OF THE COMMISSIONER

July 30, 2024

Marrakech Housing Options 23 Wildwood Terrace West Haven CT 06516

RE:

Marrakech-Wildwood Terrace

Provider #:

64428

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$554.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc: 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

July 30, 2024

Pathfinders Associates 18 Belleview Dr. Derby CT 06418

RE:

Pathfinders Assoc.-Belleview Dr.

Provider #: 66383

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024-6/30/2025 Licensure ICF/IID

Per Diem \$501.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,

Andrea Barton Reeves, J.D.

Commissioner

A. Davis N. Venditto cc:

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

July 30, 2024

Pathfinders Associates 42 Franklin Street Derby CT 06418

RE:

Pathfinders Assoc.-Franklin Street ICF/MR

Provider #: 60434

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$501.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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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

July 30, 2024

Pathfinders Associates 4 Danielle Court Derby CT 06418

RE:

Pathfinders Assoc.-Newman Home

Provider #: 67224

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025

Licensure ICF/IID Per Diem \$501.00

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at  $\underline{cida.dss@ct.gov}$ .

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

July 30, 2024

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

RE:

Thornfield Hall, Inc.

Provider #: 60160

Dear Provider:

Effective July 1, 2024 through June 30, 2025, the following reimbursement rate for State-aided residents 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 7/1/2024- 6/30/2025 Licensure ICF/IID Per Diem \$531.56

The July 1, 2024 rate has been determined pursuant to Public Act 23-204, including a 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. If applicable, rates reflect adjustments for property taxes in accordance with Public Act 22-73. Please refer to the May 14, 2024, memo issued by the Department for further information regarding property tax exemptions.

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.

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Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@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