



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Aaron Manor Nursing and Rehab. Ctr
3 South Wig Hill Rd.
Chester CT 06412

Provider Number: 000021684

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$229.39
10/1/2020 – 12/31/2020	CCNH	\$231.68
1/1/2021 – 6/30/2021	CCNH	\$234.00

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Abbott Terrace Health Center
44 Abbott Terrace
Waterbury CT 06702

Provider Number: 000010892

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$233.14
10/1/2020 – 12/31/2020	CCNH	\$235.47
1/1/2021 – 6/30/2021	CCNH	\$237.82

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Advanced Nursing and Rehab
169 Davenport Avenue
New Haven CT 06519

Provider Number: 000000323

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$282.65
10/1/2020 – 12/31/2020	CCNH	\$285.48
1/1/2021 – 6/30/2021	CCNH	\$288.33

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Amberwoods of Farmington
416 Colt Highway
Farmington CT 06032

Provider Number: 000009241

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$244.56
10/1/2020 – 12/31/2020	CCNH	\$247.01
1/1/2021 – 6/30/2021	CCNH	\$249.48

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Apple Rehab Avon
220 Scoville Road
Avon CT 06001

Provider Number: 000010356

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$218.86
10/1/2020 – 12/31/2020	CCNH	\$221.05
1/1/2021 – 6/30/2021	CCNH	\$223.26

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Apple Rehab Colchester
36 Broadway
Colchester CT 06415

Provider Number: 000010900

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$226.91
10/1/2020 – 12/31/2020	CCNH	\$229.18
1/1/2021 – 6/30/2021	CCNH	\$231.47

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

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DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Apple Rehab Cromwell
156 Berlin Road
Cromwell CT 06416

Provider Number: 000009333

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$213.76
10/1/2020 – 12/31/2020	CCNH	\$215.90
1/1/2021 – 6/30/2021	CCNH	\$218.06

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
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N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Apple Rehab Farmington Valley
269 Farmington Ave.
Plainville CT 06062

Provider Number: 000020298

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

Dear Provider:

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<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$220.91
10/1/2020 – 12/31/2020	CCNH	\$223.12
1/1/2021 – 6/30/2021	CCNH	\$225.35

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Apple Rehab Guilford
10 Boston Post Road
Guilford CT 06437

Provider Number: 000010686

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

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<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$213.16
10/1/2020 – 12/31/2020	CCNH	\$215.29
1/1/2021 – 6/30/2021	CCNH	\$217.44

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cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
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DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Apple Rehab Laurel Woods
451 North High Street
East Haven CT 06512

Provider Number: 000021212

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

Dear Provider:

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<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$252.02
10/1/2020 – 12/31/2020	CCNH	\$254.54
1/1/2021 – 6/30/2021	CCNH	\$257.09

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Apple Rehab Middletown
600 Highland Avenue
Middletown CT 06457

Provider Number: 000020172

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$214.59
10/1/2020 – 12/31/2020	CCNH	\$216.74
1/1/2021 – 6/30/2021	CCNH	\$218.91

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Apple Rehab Mystic
28 Broadway
Mystic CT 06355

Provider Number: 000010637

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$210.22
10/1/2020 – 12/31/2020	CCNH	\$212.32
1/1/2021 – 6/30/2021	CCNH	\$214.44

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Apple Rehab of Rocky Hill
45 Elm Street
Rocky Hill CT 06067

Provider Number: 000020065

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$221.30
10/1/2020 – 12/31/2020	CCNH	\$223.51
1/1/2021 – 6/30/2021	CCNH	\$225.75

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Apple Rehab Shelton Lakes
5 Lake Road
Shelton CT 06484

Provider Number: 000010173

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$232.61
10/1/2020 – 12/31/2020	CCNH	\$234.94
1/1/2021 – 6/30/2021	CCNH	\$237.29

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

Provider Number: 000021361

MICHAEL GILBERT
Deputy Commissioner

Apple Rehab West Haven
308 Savin Avenue
West Haven CT 06516

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$225.02
10/1/2020 – 12/31/2020	CCNH	\$227.27
1/1/2021 – 6/30/2021	CCNH	\$229.54

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Apple Rehabilitation Watertown
35 Bunker Hill Road
Watertown CT 06795

Provider Number: 000010827

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$220.08
10/1/2020 – 12/31/2020	CCNH	\$222.28
1/1/2021 – 6/30/2021	CCNH	\$224.50

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

MICHAEL GILBERT
Deputy Commissioner

Arden House
850 Mix Avenue
Hamden CT 06514

Provider Number: 000020371

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$232.07
10/1/2020 – 12/31/2020	CCNH	\$234.39
1/1/2021 – 6/30/2021	CCNH	\$236.73

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Athena Meadowbrook LLC
350 Salmon Brook St.
Granby CT 06035

Provider Number: 000020800

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$258.45
10/1/2020 – 12/31/2020	CCNH	\$261.03
1/1/2021 – 6/30/2021	CCNH	\$263.64

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Athena Meadowbrook LLC
350 Salmon Brook St.
Granby CT 06035

Provider Number: 000095225

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

Dear Provider:

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<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	RHNS	\$204.83
10/1/2020 – 12/31/2020	RHNS	\$206.88
1/1/2021 – 6/30/2021	RHNS	\$208.95

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Autumn Lake Healthcare at Bucks Hill LLC
2817 North Main Street
Waterbury CT 06704

Provider Number: 000007724

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$244.47
10/1/2020 – 12/31/2020	CCNH	\$246.91
1/1/2021 – 6/30/2021	CCNH	\$249.38

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

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DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Autumn Lake Healthcare at Cromwell LLC
385 Main Street
Cromwell CT 06416

Provider Number: 000010256

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$233.84
10/1/2020 – 12/31/2020	CCNH	\$236.18
1/1/2021 – 6/30/2021	CCNH	\$238.54

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Autumn Lake Healthcare at New Britain LLC
400 Brittany Farms Road
New Britain CT 06053

Provider Number: 000010520

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

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$252.11
10/1/2020 – 12/31/2020	CCNH	\$254.63
1/1/2021 – 6/30/2021	CCNH	\$257.18

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Autumn Lake Healthcare at Norwalk LLC
34 Midrocks Road
Norwalk CT 06851

Provider Number: 000021163

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$276.29
10/1/2020 – 12/31/2020	CCNH	\$279.05
1/1/2021 – 6/30/2021	CCNH	\$281.84

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Avery Nursing Home
705 New Britain Avenue
Hartford CT 06106

Provider Number: 000007500

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$259.71
10/1/2020 – 12/31/2020	CCNH	\$262.31
1/1/2021 – 6/30/2021	CCNH	\$264.93

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Avery Nursing Home
705 New Britain Avenue
Hartford CT 06106

Provider Number: 000090795

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	RHNS	\$199.35
10/1/2020 – 12/31/2020	RHNS	\$201.34
1/1/2021 – 6/30/2021	RHNS	\$203.35

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Avon Health Center
652 West Avon Road
Avon CT 06001

Provider Number: 000009381

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$243.78
10/1/2020 – 12/31/2020	CCNH	\$246.22
1/1/2021 – 6/30/2021	CCNH	\$248.68

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Bayview Health Care Center
301 Rope Ferry Road
Waterford CT 06385

Provider Number: 000020503

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$251.02
10/1/2020 – 12/31/2020	CCNH	\$253.53
1/1/2021 – 6/30/2021	CCNH	\$256.07

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Beacon Brook Health Center
89 Weid Drive
Naugatuck CT 06770

Provider Number: 000021238

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$240.07
10/1/2020 – 12/31/2020	CCNH	\$242.47
1/1/2021 – 6/30/2021	CCNH	\$244.89

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Beechwood
31 Vauxhall Street
New London CT 06320

Provider Number: 000006221

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$250.12
10/1/2020 – 12/31/2020	CCNH	\$252.62
1/1/2021 – 6/30/2021	CCNH	\$255.15

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

Provider Number: 000021080

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Bel-Air Manor
256 New Britain Avenue
Newington CT 06111

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$253.48
10/1/2020 – 12/31/2020	CCNH	\$256.01
1/1/2021 – 6/30/2021	CCNH	\$258.57

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Bethel Health Care-The Cascades (RCH)
13 Parklawn Drive
Bethel CT 06801

Provider Number: 000021387

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$278.28
10/1/2020 – 12/31/2020	CCNH	\$281.06
1/1/2021 – 6/30/2021	CCNH	\$283.87

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Bickford Health Care Center
14 Main Street
Windsor Locks CT 06096

Provider Number: 000010074

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$193.15
10/1/2020 – 12/31/2020	CCNH	\$195.08
1/1/2021 – 6/30/2021	CCNH	\$197.03

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Bishop Wicke Health & Rehab. Ctr.
584 Long Hill Avenue
Shelton CT 06484

Provider Number: 000008128

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$229.96
10/1/2020 – 12/31/2020	CCNH	\$232.26
1/1/2021 – 6/30/2021	CCNH	\$234.58

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Bloomfield Health Care Center, LLC
355 Park Ave.
Bloomfield CT 06002

Provider Number: 000009134

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$252.46
10/1/2020 – 12/31/2020	CCNH	\$254.98
1/1/2021 – 6/30/2021	CCNH	\$257.53

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Bradley Home & Pavilion
320 Colony Street
Meriden CT 06450

Provider Number: 000021577

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$236.85
10/1/2020 – 12/31/2020	CCNH	\$239.22
1/1/2021 – 6/30/2021	CCNH	\$241.61

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

MICHAEL GILBERT
Deputy Commissioner

Branford Hills
189 Alps Road
Branford CT 06405

Provider Number: 000009977

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$250.60
10/1/2020 – 12/31/2020	CCNH	\$253.11
1/1/2021 – 6/30/2021	CCNH	\$255.64

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Bride Brook Health & Rehab. Center
23 Liberty Way
Niantic CT 06357

Provider Number: 000020826

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$246.58
10/1/2020 – 12/31/2020	CCNH	\$249.05
1/1/2021 – 6/30/2021	CCNH	\$251.54

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Cambridge Health and Rehabilitation Center
2428 Easton Turnpike
Fairfield CT 06825

Provider Number: 000020488

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$266.23
10/1/2020 – 12/31/2020	CCNH	\$268.89
1/1/2021 – 6/30/2021	CCNH	\$271.58

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Carolton Chronic and Conv. Hospital
400 Mill Plain Road
Fairfield CT 06824

Provider Number: 000006064

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$257.12
10/1/2020 – 12/31/2020	CCNH	\$259.69
1/1/2021 – 6/30/2021	CCNH	\$262.29

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Cassena Care at Norwalk
23 Prospect Avenue
Norwalk CT 06850

Provider Number: 000020016

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$282.44
10/1/2020 – 12/31/2020	CCNH	\$285.26
1/1/2021 – 6/30/2021	CCNH	\$288.11

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Cassena Care of Stamford
53 Courtland Avenue
Stamford CT 06902

Provider Number: 000010843

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$271.67
10/1/2020 – 12/31/2020	CCNH	\$274.39
1/1/2021 – 6/30/2021	CCNH	\$277.13

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Chelsea Place Care Center
25 Lorraine Street
Hartford CT 06105

Provider Number: 000009761

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$259.44
10/1/2020 – 12/31/2020	CCNH	\$262.03
1/1/2021 – 6/30/2021	CCNH	\$264.65

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Cherry Brook Health Care Center
102 Dyer Avenue
Canton CT 06019

Provider Number: 000021254

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$256.14
10/1/2020 – 12/31/2020	CCNH	\$258.70
1/1/2021 – 6/30/2021	CCNH	\$261.29

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Cheshire House Health Care Fac & Re
3396 East Main Street
Waterbury CT 06705

Provider Number: 000006577

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$260.13
10/1/2020 – 12/31/2020	CCNH	\$262.73
1/1/2021 – 6/30/2021	CCNH	\$265.36

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Cheshire Regional Rehab Center
745 Highland Avenue
Cheshire CT 06410

Provider Number: 000010454

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$260.58
10/1/2020 – 12/31/2020	CCNH	\$263.19
1/1/2021 – 6/30/2021	CCNH	\$265.82

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Chestelm Health Care
534 Town Street
Moodus CT 06469

Provider Number: 000010298

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$240.16
10/1/2020 – 12/31/2020	CCNH	\$242.56
1/1/2021 – 6/30/2021	CCNH	\$244.99

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Chestelm Health Care
534 Town Street
Moodus CT 06469

Provider Number: 000091793

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	RHNS	\$181.81
10/1/2020 – 12/31/2020	RHNS	\$183.63
1/1/2021 – 6/30/2021	RHNS	\$185.47

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Chesterfields Health Care Center
132 Main Street
Chester CT 06412

Provider Number: 000006338

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$206.89
10/1/2020 – 12/31/2020	CCNH	\$208.96
1/1/2021 – 6/30/2021	CCNH	\$211.05

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Cobalt Lodge Health Care & Rehab. Ctr
RR 151
Cobalt CT 06414
Provider Number: 000008136

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$210.13
10/1/2020 – 12/31/2020	CCNH	\$212.23
1/1/2021 – 6/30/2021	CCNH	\$214.35

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Cocomo Memorial Health Center
33 Cone Avenue
Meriden CT 06450

Provider Number: 000020743

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$204.46
10/1/2020 – 12/31/2020	CCNH	\$206.50
1/1/2021 – 6/30/2021	CCNH	\$208.57

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Colonial Health & Rehab Center of Plainfield, LLC
16 Windsor Avenue
Plainfield CT 06374

Provider Number: 000020032

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$248.02
10/1/2020 – 12/31/2020	CCNH	\$250.50
1/1/2021 – 6/30/2021	CCNH	\$253.01

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Connecticut Baptist Homes
292 Thorpe Avenue
Meriden CT 06450

Provider Number: 000010231

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$215.53
10/1/2020 – 12/31/2020	CCNH	\$217.69
1/1/2021 – 6/30/2021	CCNH	\$219.87

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Connecticut Baptist Homes
292 Thorpe Avenue
Meriden CT 06450

Provider Number: 000095283

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	RHNS	\$170.94
10/1/2020 – 12/31/2020	RHNS	\$172.65
1/1/2021 – 6/30/2021	RHNS	\$174.38

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Cook Willow Convalescent Hosp. Inc.
81 Hillside Avenue
Plymouth CT 06782

Provider Number: 000009324

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$239.31
10/1/2020 – 12/31/2020	CCNH	\$241.70
1/1/2021 – 6/30/2021	CCNH	\$244.12

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Countryside Manor
1660 Stafford Avenue
Bristol CT 06010

Provider Number: 000021303

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$242.11
10/1/2020 – 12/31/2020	CCNH	\$244.53
1/1/2021 – 6/30/2021	CCNH	\$246.98

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Crestfield Rehab Ctr & Fenwood Manor
565 Vernon Street
Manchester CT 06042

Provider Number: 000010140

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$249.80
10/1/2020 – 12/31/2020	CCNH	\$252.30
1/1/2021 – 6/30/2021	CCNH	\$254.82

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Curtis Home-St. Elizabeth Center
380 Crown Street
Meriden CT 06450

Provider Number: 000005413

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$248.21
10/1/2020 – 12/31/2020	CCNH	\$250.69
1/1/2021 – 6/30/2021	CCNH	\$253.20

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Douglas Manor
103 North Road
Windham CT 06280

Provider Number: 000006932

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$262.67
10/1/2020 – 12/31/2020	CCNH	\$265.30
1/1/2021 – 6/30/2021	CCNH	\$267.95

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

Provider Number: 000006668

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Elim Park Baptist Home
140 Cook Hill Rd
Cheshire CT 06410

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$265.15
10/1/2020 – 12/31/2020	CCNH	\$267.80
1/1/2021 – 6/30/2021	CCNH	\$270.48

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Evergreen Health Care Center
205 Chestnut Hill Road
Stafford Springs CT 06076

Provider Number: 000020529

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$257.29
10/1/2020 – 12/31/2020	CCNH	\$259.86
1/1/2021 – 6/30/2021	CCNH	\$262.46

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Fairview, Inc.
235 Lestertown Road
Groton CT 06340

Provider Number: 000002584

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$236.93
10/1/2020 – 12/31/2020	CCNH	\$239.30
1/1/2021 – 6/30/2021	CCNH	\$241.69

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Farmington Care Center
20 Scott Swamp Road
Farmington CT 06032

Provider Number: 000010447

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$250.24
10/1/2020 – 12/31/2020	CCNH	\$252.74
1/1/2021 – 6/30/2021	CCNH	\$255.27

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Filosa, For Nursing and Rehab.
13 Hakim Street
Danbury CT 06810

Provider Number: 000004614

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$261.96
10/1/2020 – 12/31/2020	CCNH	\$264.58
1/1/2021 – 6/30/2021	CCNH	\$267.23

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Fox Hill Center
1253 Hartford Turnpike
Rockville CT 06066

Provider Number: 000008029

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$202.82
10/1/2020 – 12/31/2020	CCNH	\$204.85
1/1/2021 – 6/30/2021	CCNH	\$206.90

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

Provider Number: 000006809

MICHAEL GILBERT
Deputy Commissioner

Frances Warde Towers
2021 Albany Avenue
West Hartford CT 06117

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$254.55
10/1/2020 – 12/31/2020	CCNH	\$257.10
1/1/2021 – 6/30/2021	CCNH	\$259.67

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Fresh River Healthcare
96 Prospect Hill Road
East Windsor CT 06088

Provider Number: 000009530

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$248.62
10/1/2020 – 12/31/2020	CCNH	\$251.11
1/1/2021 – 6/30/2021	CCNH	\$253.62

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Gardner Heights Health Care Center, Inc.
172 Rocky Rest Road
Shelton CT 06484

Provider Number: 000009969

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$224.87
10/1/2020 – 12/31/2020	CCNH	\$227.12
1/1/2021 – 6/30/2021	CCNH	\$229.39

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Geer Nursing and Rehab. Center
99 South Canaan Road
Canaan CT 06018

Provider Number: 000008433

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$249.72
10/1/2020 – 12/31/2020	CCNH	\$252.22
1/1/2021 – 6/30/2021	CCNH	\$254.74

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Gladeview Health Care Center
60 Boston Post Road
Old Saybrook CT 06475

Provider Number: 000020248

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$248.74
10/1/2020 – 12/31/2020	CCNH	\$251.23
1/1/2021 – 6/30/2021	CCNH	\$253.74

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Glastonbury Health Care Center
1175 Hebron Avenue
Glastonbury CT 06033

Provider Number: 000020280

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$246.18
10/1/2020 – 12/31/2020	CCNH	\$248.64
1/1/2021 – 6/30/2021	CCNH	\$251.13

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Glen Hill Center
1 Glen Hill Road
Danbury CT 06810

Provider Number: 00007153

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$218.39
10/1/2020 – 12/31/2020	CCNH	\$220.57
1/1/2021 – 6/30/2021	CCNH	\$222.78

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Glendale Center
4 Hazel Drive
Naugatuck CT 06770

Provider Number: 000010975

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$217.26
10/1/2020 – 12/31/2020	CCNH	\$219.43
1/1/2021 – 6/30/2021	CCNH	\$221.62

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

MICHAEL GILBERT
Deputy Commissioner

Golden Hill Rehab Pavilion
2028 Bridgeport Avenue
Milford CT 06460

Provider Number: 000008896

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$253.45
10/1/2020 – 12/31/2020	CCNH	\$255.98
1/1/2021 – 6/30/2021	CCNH	\$258.54

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Provider Number: 000020628

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Governor's House
36 Firetown Road
Simsbury CT 06070

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$263.68
10/1/2020 – 10/15/2020	CCNH	\$266.32

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Grandview Rehabilitation and Healthcare Center
55 Grand Street
New Britain CT 06052
Provider Number: 000010439

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$215.65
10/1/2020 – 12/31/2020	CCNH	\$217.81
1/1/2021 – 6/30/2021	CCNH	\$219.99

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Greentree Manor Nursing & Rehab. Ctr
4 Greentree Drive
Waterford CT 06385

Provider Number: 000008425

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$234.42
10/1/2020 – 12/31/2020	CCNH	\$236.76
1/1/2021 – 6/30/2021	CCNH	\$239.13

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Greenwich Woods Rehabilitation
1165 King Street
Greenwich CT 06831

Provider Number: 000010934

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$232.91
10/1/2020 – 12/31/2020	CCNH	\$235.24
1/1/2021 – 6/30/2021	CCNH	\$237.59

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Grimes Center
1354 Chapel Street
New Haven CT 06511

Provider Number: 000020272

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$274.64
10/1/2020 – 12/31/2020	CCNH	\$277.39
1/1/2021 – 6/30/2021	CCNH	\$280.16

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Groton Regency Center
1145 Poquonock Road
Groton CT 06340

Provider Number: 000020355

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$216.83
10/1/2020 – 12/31/2020	CCNH	\$219.00
1/1/2021 – 6/30/2021	CCNH	\$221.19

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Grove Manor Nursing Home, Inc.
145 Grove Street
Waterbury CT 06710

Provider Number: 000004945

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$204.16
10/1/2020 – 12/31/2020	CCNH	\$206.20
1/1/2021 – 6/30/2021	CCNH	\$208.26

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Hamden Rehab. and Health Care Center
1270 Sherman Lane
Hamden CT 06514

Provider Number: 000009902

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$227.36
10/1/2020 – 12/31/2020	CCNH	\$229.63
1/1/2021 – 6/30/2021	CCNH	\$231.93

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

MICHAEL GILBERT
Deputy Commissioner

Hancock Hall
31 Staples Street
Danbury CT 06810

Provider Number: 000021858

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$255.79
10/1/2020 – 12/31/2020	CCNH	\$258.35
1/1/2021 – 6/30/2021	CCNH	\$260.93

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Harbor Village North Rehab and Nursing Center
78 Viets Street Extension
New London CT 06320

Provider Number: 000009647

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$201.36
10/1/2020 – 12/31/2020	CCNH	\$203.37
1/1/2021 – 6/30/2021	CCNH	\$205.40

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Harrington Court
59 Harrington Court
Colchester CT 06415

Provider Number: 000008961

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$241.57
10/1/2020 – 12/31/2020	CCNH	\$243.99
1/1/2021 – 6/30/2021	CCNH	\$246.43

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Hebrew Home
1 Abrahms Boulevard
West Hartford CT 06117

Provider Number: 000000927

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$278.69
10/1/2020 – 12/31/2020	CCNH	\$281.48
1/1/2021 – 6/30/2021	CCNH	\$284.29

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Hewitt Health & Rehabilitation Center, Inc.
45 Maltby Street
Shelton CT 06484

Provider Number: 000005876

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$237.16
10/1/2020 – 12/31/2020	CCNH	\$239.53
1/1/2021 – 6/30/2021	CCNH	\$241.93

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Hughes Health and Rehabilitation, Inc.
29 Highland Street
West Hartford CT 06119

Provider Number: 000002089

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$250.99
10/1/2020 – 12/31/2020	CCNH	\$253.50
1/1/2021 – 6/30/2021	CCNH	\$256.04

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Ingraham Manor
400 North Main Street
Bristol CT 06010

Provider Number: 000020561

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$246.85
10/1/2020 – 12/31/2020	CCNH	\$249.32
1/1/2021 – 6/30/2021	CCNH	\$251.81

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

JACC Healthcare Center of Danielson LLC
111 Westcott Road
Danielson CT 06239

Provider Number: 000020454

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$254.55
10/1/2020 – 12/31/2020	CCNH	\$257.10
1/1/2021 – 6/30/2021	CCNH	\$259.67

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

JACC Healthcare Center of Norwich LLC
50 Crouch Avenue
Norwich CT 06360

Provider Number: 000010413

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$256.47
10/1/2020 – 12/31/2020	CCNH	\$259.03
1/1/2021 – 6/30/2021	CCNH	\$261.62

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

JACC Healthcare Center of Windham LLC
595 Valley Street
Willimantic CT 06226

Provider Number: 000020438

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$243.20
10/1/2020 – 12/31/2020	CCNH	\$245.63
1/1/2021 – 6/30/2021	CCNH	\$248.09

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Jefferson House
1 John Stewart Drive
Newington CT 06111

Provider Number: 000009936

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$262.87
10/1/2020 – 12/31/2020	CCNH	\$265.50
1/1/2021 – 6/30/2021	CCNH	\$268.16

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Jerome Home, The
975 Corbin Avenue
New Britain CT 06052

Provider Number: 000020652

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$252.61
10/1/2020 – 12/31/2020	CCNH	\$255.14
1/1/2021 – 6/30/2021	CCNH	\$257.69

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT

Deputy Commissioner

**DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY
COMMISSIONER**

October 13, 2020

Jewish Senior Services
4200 Park Avenue
Bridgeport CT 06604

Provider Number: 000009233

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$309.71
10/1/2020 – 12/31/2020	CCNH	\$312.81
1/1/2021 – 6/30/2021	CCNH	\$315.94

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Kimberly Hall North
One Emerson Drive
Windsor CT 06095

Provider Number: 000010769

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

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$216.74
10/1/2020 – 12/31/2020	CCNH	\$218.91
1/1/2021 – 6/30/2021	CCNH	\$221.10

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Kimberly Hall South Center
One Emerson Drive
Windsor CT 06095

Provider Number: 000010751

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$218.67
10/1/2020 – 12/31/2020	CCNH	\$220.86
1/1/2021 – 6/30/2021	CCNH	\$223.07

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Laurel Ridge Health Care Center
642 Danbury Road
Ridgefield CT 06877

Provider Number: 000021262

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$280.35
10/1/2020 – 12/31/2020	CCNH	\$283.15
1/1/2021 – 6/30/2021	CCNH	\$285.98

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Ledgecrest Health Care Center, Inc
154 Kensington Road
Kensington CT 06037

Provider Number: 000020462

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$212.34
10/1/2020 – 12/31/2020	CCNH	\$214.46
1/1/2021 – 6/30/2021	CCNH	\$216.60

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Leeway
40 Albert Street
New Haven CT 06511

Provider Number: 000042169

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	AIDSNF	\$424.86
10/1/2020 – 12/31/2020	AIDSNF	\$429.11
1/1/2021 – 6/30/2021	AIDSNF	\$433.40

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Litchfield Woods Health Care Ctr.
255 Roberts Street
Torrington CT 06790

Provider Number: 000020347

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$242.17
10/1/2020 – 12/31/2020	CCNH	\$244.59
1/1/2021 – 6/30/2021	CCNH	\$247.04

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Litchfield Woods Health Care Ctr.
255 Roberts Street
Torrington CT 06790

Provider Number: 000095077

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	RHNS	\$182.40
10/1/2020 – 12/31/2020	RHNS	\$184.22
1/1/2021 – 6/30/2021	RHNS	\$186.06

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

LiveWell Connecticut
1261 South Main Street
Plantsville CT 06479

Provider Number: 000020933

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$270.09
10/1/2020 – 12/31/2020	CCNH	\$272.79
1/1/2021 – 6/30/2021	CCNH	\$275.52

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Long Ridge Post-Acute Care
710 Long Ridge Road
Stamford CT 06902

Provider Number: 000021197

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$302.27
10/1/2020 – 12/31/2020	CCNH	\$305.29
1/1/2021 – 6/30/2021	CCNH	\$308.34

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Lord Chamberlain Nursing & Rehabilitation Ctr.
7003 Main Street
Stratford CT 06614

Provider Number: 000009688

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$239.56
10/1/2020 – 12/31/2020	CCNH	\$241.96
1/1/2021 – 6/30/2021	CCNH	\$244.38

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Ludlowe Center
118 Jefferson Street
Fairfield CT 06432

Provider Number: 000006080

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$285.29
10/1/2020 – 12/31/2020	CCNH	\$288.14
1/1/2021 – 6/30/2021	CCNH	\$291.02

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Lutheran Home of Southbury, Inc.
990 Main Street North
Southbury CT 06488

Provider Number: 000006999

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$238.65
10/1/2020 – 12/31/2020	CCNH	\$241.04
1/1/2021 – 6/30/2021	CCNH	\$243.45

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Madison House
34 Wildwood Avenue
Madison CT 06443

Provider Number: 000021444

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$249.99
10/1/2020 – 12/31/2020	CCNH	\$252.49
1/1/2021 – 6/30/2021	CCNH	\$255.01

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Maefair Health Care Center, Inc
21 Maefair Court
Trumbull CT 06611

Provider Number: 000021428

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$254.85
10/1/2020 – 12/31/2020	CCNH	\$257.40
1/1/2021 – 6/30/2021	CCNH	\$259.97

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Manchester Manor, Inc.
385 West Center Street
Manchester CT 06040

Provider Number: 000008417

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$218.40
10/1/2020 – 12/31/2020	CCNH	\$220.58
1/1/2021 – 6/30/2021	CCNH	\$222.79

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Mansfield Center for Nursing & Rehab
100 Warren Circle
Storrs CT 06268

Provider Number: 000021329

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$239.18
10/1/2020 – 12/31/2020	CCNH	\$241.57
1/1/2021 – 6/30/2021	CCNH	\$243.99

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Maple View Center for Health and Rehabilitation
856 Maple Street
Rocky Hill CT 06067

Provider Number: 000009407

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$232.18
10/1/2020 – 12/31/2020	CCNH	\$234.50
1/1/2021 – 6/30/2021	CCNH	\$236.85

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Marlborough Health & Rehab. Center
85 Stage Harbor Road
Marlborough CT 06447

Provider Number: 000021056

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$230.98
10/1/2020 – 12/31/2020	CCNH	\$233.29
1/1/2021 – 6/30/2021	CCNH	\$235.62

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Mary Wade Home, Inc., The
118 Clinton Avenue
New Haven CT 06513

Provider Number: 000020511

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$264.95
10/1/2020 – 12/31/2020	CCNH	\$267.60
1/1/2021 – 6/30/2021	CCNH	\$270.28

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Masonicare Health Center
22 Masonic Avenue
Wallingford CT 06492

Provider Number: 000001198

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$248.66
10/1/2020 – 12/31/2020	CCNH	\$251.15
1/1/2021 – 6/30/2021	CCNH	\$253.66

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Mattatuck Health Care Facility, Inc.
9 Cliff Street
Waterbury CT 06710

Provider Number: 000091447

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	RHNS	\$131.02
10/1/2020 – 12/31/2020	RHNS	\$132.33
1/1/2021 – 6/30/2021	RHNS	\$133.65

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Matulaitis Nursing Home
10 Thurber Rd.
Putnam CT 06260

Provider Number: 000009894

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$221.30
10/1/2020 – 12/31/2020	CCNH	\$223.51
1/1/2021 – 6/30/2021	CCNH	\$225.75

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

McLean Health Center
75 Great Pond Road
Simsbury CT 06070

Provider Number: 000008847

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$272.04
10/1/2020 – 12/31/2020	CCNH	\$274.76
1/1/2021 – 6/30/2021	CCNH	\$277.51

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Meriden Center
845 Paddock Avenue
Meriden CT 06450

Provider Number: 000008995

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$216.33
10/1/2020 – 12/31/2020	CCNH	\$218.49
1/1/2021 – 6/30/2021	CCNH	\$220.67

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Meridian Manor Corporation
1132 Meriden Road
Waterbury CT 06705

Provider Number: 000007781

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$203.74
10/1/2020 – 12/31/2020	CCNH	\$205.78
1/1/2021 – 6/30/2021	CCNH	\$207.84

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Middlebury Conv. Home, Inc.
778 Middlebury Road
Middlebury CT 06762

Provider Number: 000007047

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$228.16
10/1/2020 – 12/31/2020	CCNH	\$230.44
1/1/2021 – 6/30/2021	CCNH	\$232.74

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Middlesex Health Care Center
100 Randolph Rd.
Middletown CT 06457

Provider Number: 000009472

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

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$222.33
10/1/2020 – 12/31/2020	CCNH	\$224.55
1/1/2021 – 6/30/2021	CCNH	\$226.80

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Milford Health and Rehab. Center
195 Platt Street
Milford CT 06460

Provider Number: 000010561

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$258.47
10/1/2020 – 12/31/2020	CCNH	\$261.05
1/1/2021 – 6/30/2021	CCNH	\$263.66

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Miller Memorial Community, Inc.
360 Broad Street
Meriden CT 06450

Provider Number: 000009928

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$254.11
10/1/2020 – 12/31/2020	CCNH	\$256.65
1/1/2021 – 6/30/2021	CCNH	\$259.22

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Monsignor Bojnowski Manor
50 Pulaski Street
New Britain CT 06053

Provider Number: 000009332

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$254.56
10/1/2020 – 12/31/2020	CCNH	\$257.11
1/1/2021 – 6/30/2021	CCNH	\$259.68

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Montowese Health & Rehab. Ctr., Inc.
163 Quinnipiac Avenue
North Haven CT 06473

Provider Number: 000010157

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$251.49
10/1/2020 – 12/31/2020	CCNH	\$254.00
1/1/2021 – 6/30/2021	CCNH	\$256.54

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

MICHAEL GILBERT
Deputy Commissioner

Mystic Manor, Inc.
475 High Street
Mystic CT 06355

Provider Number: 000008391

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$230.88
10/1/2020 – 12/31/2020	CCNH	\$233.19
1/1/2021 – 6/30/2021	CCNH	\$235.52

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Nathaniel Witherell
70 Parsonage Road
Greenwich CT 06830

Provider Number: 000005645

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$286.89
10/1/2020 – 12/31/2020	CCNH	\$289.76
1/1/2021 – 6/30/2021	CCNH	\$292.66

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

New London Sub Acute and Rehab
88 Clark Lane
Waterford CT 06385

Provider Number: 000010488

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$201.33
10/1/2020 – 12/31/2020	CCNH	\$203.34
1/1/2021 – 6/30/2021	CCNH	\$205.37

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

Provider Number: 000009266

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

New Milford Rehab LLC
30 Park Lane East
New Milford CT 06776

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$234.32
10/1/2020 – 12/31/2020	CCNH	\$236.66
1/1/2021 – 6/30/2021	CCNH	\$239.03

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Newington Rapid Recovery Rehab Center
240 Church Street
Newington CT 06111

Provider Number: 000010397

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$253.29
10/1/2020 – 12/31/2020	CCNH	\$255.82
1/1/2021 – 6/30/2021	CCNH	\$258.38

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Newtown Rehabilitation & Health Care
139 Toddy Hill Road
Newtown CT 06470

Provider Number: 000010207

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$259.55
10/1/2020 – 12/31/2020	CCNH	\$262.15
1/1/2021 – 6/30/2021	CCNH	\$264.77

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Noble Horizons
17 Cobble Road
Salisbury CT 06068

Provider Number: 000009365

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$261.32
10/1/2020 – 12/31/2020	CCNH	\$263.93
1/1/2021 – 6/30/2021	CCNH	\$266.57

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Noble Horizons
17 Cobble Road
Salisbury CT 06068

Provider Number: 000091777

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	RHNS	\$226.65
10/1/2020 – 12/31/2020	RHNS	\$228.92
1/1/2021 – 6/30/2021	RHNS	\$231.21

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Northbridge Health Care Center
2875 Main Street
Bridgeport CT 06606

Provider Number: 000010835

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$265.55
10/1/2020 – 12/31/2020	CCNH	\$268.21
1/1/2021 – 6/30/2021	CCNH	\$270.89

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Norwich Sub-Acute and Nursing
93 West Town Street
Norwichtown CT 06360

Provider Number: 000008599

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$183.35
10/1/2020 – 12/31/2020	CCNH	\$185.18
1/1/2021 – 6/30/2021	CCNH	\$187.03

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Notre Dame Conv. Home, Inc.
76 West Rocks Road
Norwalk CT 06851

Provider Number: 000002865

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$239.53
10/1/2020 – 12/31/2020	CCNH	\$241.93
1/1/2021 – 6/30/2021	CCNH	\$244.35

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Orange Health Care Center
225 Boston Post Rd.
Orange CT 06477

Provider Number: 000004978

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$231.72
10/1/2020 – 12/31/2020	CCNH	\$234.04
1/1/2021 – 6/30/2021	CCNH	\$236.38

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Orchard Grove Specialty Care Center
5 Richard Brown Road
Uncasville CT 06382

Provider Number: 000021064

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$234.51
10/1/2020 – 12/31/2020	CCNH	\$236.86
1/1/2021 – 6/30/2021	CCNH	\$239.23

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

Provider Number: 000020081

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Park Place Health Center
5 Greenwood Street
Hartford CT 06106

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$252.71
10/1/2020 – 12/31/2020	CCNH	\$255.24
1/1/2021 – 6/30/2021	CCNH	\$257.79

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Pendleton Health & Rehab. Center
44 Maritime Drive
Mystic CT 06355

Provider Number: 000020694

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$253.56
10/1/2020 – 12/31/2020	CCNH	\$256.10
1/1/2021 – 6/30/2021	CCNH	\$258.66

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Pierce Memorial Baptist Home, Inc.
44 Canterbury Rd.
Brooklyn CT 06234

Provider Number: 000006007

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$252.35
10/1/2020 – 12/31/2020	CCNH	\$254.87
1/1/2021 – 6/30/2021	CCNH	\$257.42

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Pilgrim Manor
52 Missionary Road
Cromwell CT 06416

Provider Number: 000007260

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$231.04
10/1/2020 – 12/31/2020	CCNH	\$233.35
1/1/2021 – 6/30/2021	CCNH	\$235.68

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Portland Care and Rehab. Center, Inc.
333 Main Street
Portland CT 06480

Provider Number: 000008714

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$232.97
10/1/2020 – 12/31/2020	CCNH	\$235.30
1/1/2021 – 6/30/2021	CCNH	\$237.65

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Quinnipiac Valley Center
55 Kondracki Lane
Wallingford CT 06492

Provider Number: 000020149

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$210.97
10/1/2020 – 12/31/2020	CCNH	\$213.08
1/1/2021 – 6/30/2021	CCNH	\$215.21

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

Provider Number: 000008177

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Regal Care at New Haven
181 Clifton Street
New Haven CT 06513

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$259.69
10/1/2020 – 12/31/2020	CCNH	\$262.29
1/1/2021 – 6/30/2021	CCNH	\$264.91

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Regal Care at Torrington
80 Fern Drive
Torrington CT 06790

Provider Number: 000009621

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$252.18
10/1/2020 – 12/31/2020	CCNH	\$254.70
1/1/2021 – 6/30/2021	CCNH	\$257.25

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Regal Care at Waterbury
177 Whitewood Road
Waterbury CT 06708

Provider Number: 000009001

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$266.90
10/1/2020 – 12/31/2020	CCNH	\$269.57
1/1/2021 – 6/30/2021	CCNH	\$272.27

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Regal Care at West Haven
310 Terrace Avenue
West Haven CT 06516

Provider Number: 000010926

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$253.72
10/1/2020 – 12/31/2020	CCNH	\$256.26
1/1/2021 – 6/30/2021	CCNH	\$258.82

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

MICHAEL GILBERT
Deputy Commissioner

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

mike.gilbert@ct.gov

RegalCare at Greenwich
1188 King Street
Greenwich CT 06831

Provider Number: 000007609

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$249.04
10/1/2020 – 12/31/2020	CCNH	\$251.53
1/1/2021 – 6/30/2021	CCNH	\$254.05

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

RegalCare at Southport
930 Mill Hill Terrace
Southport CT 06890

Provider Number: 000008508

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$259.88
10/1/2020 – 12/31/2020	CCNH	\$262.48
1/1/2021 – 6/30/2021	CCNH	\$265.10

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Regency House Nursing and Rehabilitation Center
181 East Main Street
Wallingford CT 06492

Provider Number: 000009084

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$264.20
10/1/2020 – 12/31/2020	CCNH	\$266.84
1/1/2021 – 6/30/2021	CCNH	\$269.51

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

River Glen Health Care Center
162 South Britain Rd.
Southbury CT 06488

Provider Number: 000009431

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$224.60
10/1/2020 – 12/31/2020	CCNH	\$226.85
1/1/2021 – 6/30/2021	CCNH	\$229.12

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Riverside Health and Rehabilitation Center
745 Main Street
East Hartford CT 06108

Provider Number: 000010009

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$254.27
10/1/2020 – 12/31/2020	CCNH	\$256.81
1/1/2021 – 6/30/2021	CCNH	\$259.38

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Saint John Paul II Center
33 Lincoln Ave.
Danbury CT 06810

Provider Number: 000010678

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$252.01
10/1/2020 – 12/31/2020	CCNH	\$254.53
1/1/2021 – 6/30/2021	CCNH	\$257.08

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Saint Joseph's Living Center
14 Club Road
Windham CT 06280

Provider Number: 000020397

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$227.67
10/1/2020 – 12/31/2020	CCNH	\$229.95
1/1/2021 – 6/30/2021	CCNH	\$232.25

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

Provider Number: 000009019

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Saint Joseph's Residence
1365 Enfield Street
Enfield CT 06082

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$251.80
10/1/2020 – 12/31/2020	CCNH	\$254.32
1/1/2021 – 6/30/2021	CCNH	\$256.86

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Salmon Brook Rehab and Nursing
72 Salmon Brook Drive
Glastonbury CT 06033

Provider Number: 000020412

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$235.41
10/1/2020 – 12/31/2020	CCNH	\$237.76
1/1/2021 – 6/30/2021	CCNH	\$240.14

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Saybrook Health Care Center
1775 Boston Post Road
Old Saybrook CT 06475

Provider Number: 000007252

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$209.83
10/1/2020 – 12/31/2020	CCNH	\$211.93
1/1/2021 – 6/30/2021	CCNH	\$214.05

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Seabury Health Center
200 Seabury Drive
Bloomfield CT 06002

Provider Number: 000021030

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$257.60
10/1/2020 – 12/31/2020	CCNH	\$260.18
1/1/2021 – 6/30/2021	CCNH	\$262.78

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

MICHAEL GILBERT
Deputy Commissioner

SecureCare Options, LLC
60 West Street
Rocky Hill CT 06067

Provider Number: 008046363

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$377.86
10/1/2020 – 12/31/2020	CCNH	\$381.64
1/1/2021 – 6/30/2021	CCNH	\$385.46

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Shady Knoll Health Center, Inc
44 Skokorat Street
Seymour CT 06483

Provider Number: 000021072

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$241.91
10/1/2020 – 12/31/2020	CCNH	\$244.33
1/1/2021 – 6/30/2021	CCNH	\$246.77

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Sharon Health Care Center
27 Hospital Hill Road
Sharon CT 06069

Provider Number: 000020941

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$258.46
10/1/2020 – 12/31/2020	CCNH	\$261.04
1/1/2021 – 6/30/2021	CCNH	\$263.65

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Sheriden Woods Health Care Center
321 Stonecrest Drive
Bristol CT 06010

Provider Number: 000020040

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$224.67
10/1/2020 – 12/31/2020	CCNH	\$226.92
1/1/2021 – 6/30/2021	CCNH	\$229.19

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

MICHAEL GILBERT
Deputy Commissioner

Silver Springs Care Center
33 Roy Street
Meriden CT 06450

Provider Number: 000010660

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$253.37
10/1/2020 – 12/31/2020	CCNH	\$255.90
1/1/2021 – 6/30/2021	CCNH	\$258.46

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

MICHAEL GILBERT
Deputy Commissioner

Skyview Rehab and Nursing
35 Marc Drive
Wallingford CT 06492

Provider Number: 000007427

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$191.74
10/1/2020 – 12/31/2020	CCNH	\$193.66
1/1/2021 – 6/30/2021	CCNH	\$195.60

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Southington Care Center
45 Meriden Avenue
Southington CT 06489-3213

Provider Number: 000020602

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$258.93
10/1/2020 – 12/31/2020	CCNH	\$261.52
1/1/2021 – 6/30/2021	CCNH	\$264.14

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

St. Camillus Center
494 Elm Street
Stamford CT 06902

Provider Number: 000020363

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$270.55
10/1/2020 – 10/15/2020	CCNH	\$273.26

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

St. Joseph's Center
6448 Main Street
Trumbull CT 06611

Provider Number: 000006841

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$259.17
10/1/2020 – 12/31/2020	CCNH	\$261.76
1/1/2021 – 6/30/2021	CCNH	\$264.38

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request 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 letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Suffield House, The
1 Canal Road
Suffield CT 06078

Provider Number: 000020751

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$239.16
10/1/2020 – 12/31/2020	CCNH	\$241.55
1/1/2021 – 6/30/2021	CCNH	\$243.97

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

Provider Number: 000004606

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

The Guilford House, LLC
109 West Lake Avenue
Guilford CT 06437

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$253.11
10/1/2020 – 12/31/2020	CCNH	\$255.64
1/1/2021 – 6/30/2021	CCNH	\$258.20

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

The Pines at Bristol
61 Bellevue Avenue
Bristol CT 06010

Provider Number: 000009043

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$248.02
10/1/2020 – 12/31/2020	CCNH	\$250.50
1/1/2021 – 6/30/2021	CCNH	\$253.01

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

The Reservoir
One Emily Way
West Hartford CT 06107

Provider Number: 000021668

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$258.10
10/1/2020 – 12/31/2020	CCNH	\$260.68
1/1/2021 – 6/30/2021	CCNH	\$263.29

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

The Summit at Plantsville
261 Summit Street
Plantsville CT 06479

Provider Number: 000009464

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$233.17
10/1/2020 – 12/31/2020	CCNH	\$235.50
1/1/2021 – 6/30/2021	CCNH	\$237.86

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

The Villa at Stamford
88 Rockrimmon Road
Stamford CT 06903

Provider Number: 000007161

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$269.85
10/1/2020 – 12/31/2020	CCNH	\$272.55
1/1/2021 – 6/30/2021	CCNH	\$275.28

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

The Willows
225 Amity Road
Woodbridge CT 06525

Provider Number: 000020553

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$253.58
10/1/2020 – 12/31/2020	CCNH	\$256.12
1/1/2021 – 6/30/2021	CCNH	\$258.68

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

Touchpoints at Bloomfield
140 Park Avenue
Bloomfield CT 06002

Provider Number: 000010876

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$250.57
10/1/2020 – 12/31/2020	CCNH	\$253.08
1/1/2021 – 6/30/2021	CCNH	\$255.61

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Touchpoints at Chestnut
171 Main Street
East Windsor CT 06088

Provider Number: 000023143

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$221.54
10/1/2020 – 12/31/2020	CCNH	\$223.76
1/1/2021 – 6/30/2021	CCNH	\$226.00

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Touchpoints at Manchester
333 Bidwell Street
Manchester CT 06040

Provider Number: 000020123

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$262.84
10/1/2020 – 12/31/2020	CCNH	\$265.47
1/1/2021 – 6/30/2021	CCNH	\$268.12

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Trinity Hill Care Center, LLC
151 Hillside Avenue
Hartford CT 06106

Provider Number: 000049553

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	AIDSNF	\$318.79
10/1/2020 – 12/31/2020	AIDSNF	\$321.98
1/1/2021 – 6/30/2021	AIDSNF	\$325.20

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Trinity Hill Care Center, LLC
151 Hillside Avenue
Hartford CT 06106

Provider Number: 000009555

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$293.07
10/1/2020 – 12/31/2020	CCNH	\$296.00
1/1/2021 – 6/30/2021	CCNH	\$298.96

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Twin Maples Healthcare, Inc.
809-R New Haven Road
Durham CT 06422

Provider Number: 000023151

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$192.88
10/1/2020 – 12/31/2020	CCNH	\$194.81
1/1/2021 – 6/30/2021	CCNH	\$196.76

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Valerie Manor
1360 Torrington Road
Torrington CT 06790

Provider Number: 000010702

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$227.65
10/1/2020 – 12/31/2020	CCNH	\$229.93
1/1/2021 – 6/30/2021	CCNH	\$232.23

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Vernon Manor Health Care Center
180 Regan Road.
Vernon CT 06066

Provider Number: 000009910

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$214.33
10/1/2020 – 12/31/2020	CCNH	\$216.47
1/1/2021 – 6/30/2021	CCNH	\$218.63

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Villa Maria Nursing & Rehabilitation Inc.
20 Babcock Avenue
Plainfield CT 06374

Provider Number: 000010066

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

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$205.73
10/1/2020 – 12/31/2020	CCNH	\$207.79
1/1/2021 – 6/30/2021	CCNH	\$209.87

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Village Crest Center for Health & Rehabilitation
19 Poplar Street
New Milford CT 06776

Provider Number: 000008771

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$243.78
10/1/2020 – 12/31/2020	CCNH	\$246.22
1/1/2021 – 6/30/2021	CCNH	\$248.68

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Village Green of Bristol Rehab. and Health Center
23 Fair Street
Forestville CT 06010
Provider Number: 000020164

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$249.91
10/1/2020 – 12/31/2020	CCNH	\$252.41
1/1/2021 – 6/30/2021	CCNH	\$254.93

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Village Green of Bristol Rehab. and Health Center
23 Fair Street
Forestville CT 06010
Provider Number: 000520165

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	SLTC	\$443.29
10/1/2020 – 12/31/2020	SLTC	\$447.72
1/1/2021 – 6/30/2021	SLTC	\$452.20

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Wadsworth Glen Health Care & Rehab Ctr
30 Boston Road
Middletown CT 06457

Provider Number: 000020256

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$241.89
10/1/2020 – 12/31/2020	CCNH	\$244.31
1/1/2021 – 6/30/2021	CCNH	\$246.75

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Waterbury Gardens Nursing and Rehab
128 Cedar Avenue
Waterbury CT 06706

Provider Number: 000020156

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$263.73
10/1/2020 – 12/31/2020	CCNH	\$266.37
1/1/2021 – 6/30/2021	CCNH	\$269.03

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Waterbury Gardens Nursing and Rehab
128 Cedar Avenue
Waterbury CT 06706

Provider Number: 000520157

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	SLTC	\$372.89
10/1/2020 – 12/31/2020	SLTC	\$376.62
1/1/2021 – 6/30/2021	SLTC	\$380.39

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Water's Edge Center for Health & Rehab.
111 Church Street
Middletown CT 06457

Provider Number: 000020975

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$252.66
10/1/2020 – 12/31/2020	CCNH	\$255.19
1/1/2021 – 6/30/2021	CCNH	\$257.74

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

Provider Number: 000008813

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Watertown Convalescence
560 Woodbury Road
Watertown CT 06795

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$218.49
10/1/2020 – 12/31/2020	CCNH	\$220.67
1/1/2021 – 6/30/2021	CCNH	\$222.88

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouellette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Watrous Nursing Center
9 Neck Road
Madison CT 06443

Provider Number: 000010991

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$219.53
10/1/2020 – 12/31/2020	CCNH	\$221.73
1/1/2021 – 6/30/2021	CCNH	\$223.95

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

MICHAEL GILBERT
Deputy Commissioner

Waveny Care Center
3 Farm Road
New Canaan CT 06840

Provider Number: 000009423

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$260.91
10/1/2020 – 12/31/2020	CCNH	\$263.52
1/1/2021 – 6/30/2021	CCNH	\$266.16

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

West Hartford Health & Rehab. Center
130 Loomis Drive
West Hartford CT 06107

Provider Number: 000009738

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$255.91
10/1/2020 – 12/31/2020	CCNH	\$258.47
1/1/2021 – 6/30/2021	CCNH	\$261.05

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

West River Rehab Center
245 Orange Avenue
Milford CT 06460

Provider Number: 000020925

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$284.21
10/1/2020 – 12/31/2020	CCNH	\$287.05
1/1/2021 – 6/30/2021	CCNH	\$289.92

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Western Rehabilitation Care Center
107 Osborne Street
Danbury CT 06810

Provider Number: 000010389

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$280.96
10/1/2020 – 12/31/2020	CCNH	\$283.77
1/1/2021 – 6/30/2021	CCNH	\$286.61

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

MICHAEL GILBERT
Deputy Commissioner

Westport Rehab Complex
1 Burr Road
Westport CT 06880

Provider Number: 000010371

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$289.28
10/1/2020 – 12/31/2020	CCNH	\$292.17
1/1/2021 – 6/30/2021	CCNH	\$295.09

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

Provider Number: 000007807

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Westside Care Center
349 Bidwell Street
Manchester CT 06040

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$252.81
10/1/2020 – 12/31/2020	CCNH	\$255.34
1/1/2021 – 6/30/2021	CCNH	\$257.89

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Westview Nursing Care & Rehab. Ctr
150 Ware Road
Dayville CT 06241

Provider Number: 000009308

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$255.99
10/1/2020 – 12/31/2020	CCNH	\$258.55
1/1/2021 – 6/30/2021	CCNH	\$261.14

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Whispering Pines Rehabilitation and Nursing Center
38 Talmadge Ave
East Haven CT 06512

Provider Number: 000009951

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$239.91
10/1/2020 – 12/31/2020	CCNH	\$242.31
1/1/2021 – 6/30/2021	CCNH	\$244.73

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Whitney Center
200 Leeder Hill Drive
Hamden CT 06517

Provider Number: 000009852

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$236.91
10/1/2020 – 12/31/2020	CCNH	\$239.28
1/1/2021 – 6/30/2021	CCNH	\$241.67

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Whitney Rehabilitation Care Center
2798 Whitney Avenue
Hamden CT 06518

Provider Number: 9027

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$227.16
10/1/2020 – 12/31/2020	CCNH	\$229.43
1/1/2021 – 6/30/2021	CCNH	\$231.72

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Wilton Meadows Health Care Center
439 Danbury Road
Wilton CT 06897

Provider Number: 000020321

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$229.08
10/1/2020 – 12/31/2020	CCNH	\$231.37
1/1/2021 – 6/30/2021	CCNH	\$233.68

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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

You must comply with both of these requirements in a timely manner in order for the department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105 or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Windsor Health and Rehab Center
581 Poquonock Avenue
Windsor CT 06095

Provider Number: 000009589

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$205.04
10/1/2020 – 12/31/2020	CCNH	\$207.09
1/1/2021 – 6/30/2021	CCNH	\$209.16

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons could result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

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

mike.gilbert@ct.gov

Wolcott Hall Nursing Center, Inc
215 Forest Street
Torrington CT 06790

Provider Number: 000010967

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$225.51
10/1/2020 – 12/31/2020	CCNH	\$227.77
1/1/2021 – 6/30/2021	CCNH	\$230.05

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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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.

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

October 13, 2020

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

Wolcott View Manor
50 Beach Road
Wolcott CT 06716

Provider Number: 000009720

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$241.06
10/1/2020 – 12/31/2020	CCNH	\$243.47
1/1/2021 – 6/30/2021	CCNH	\$245.90

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouelette, DSS
N. Godburn, DSS
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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

Woodlake at Tolland
26 Shenipsit Lake Road
Tolland CT 06084

Provider Number: 000020991

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

Dear Provider:

For period July 1, 2020 through June 30, 2021, the following reimbursement rates for State-aided residents in your facility have been determined pursuant to Section 17b-340 of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$250.52
10/1/2020 – 12/31/2020	CCNH	\$253.03
1/1/2021 – 6/30/2021	CCNH	\$255.56

July 1, 2020 rates include pro rata fair rent increases based on fair rental additions reported in the 2019 Annual Reports. The October 1, 2020 and January 1, 2020 rates, have been increased by 1% to be applied to wages and compensation pursuant to Section 17b-340(f)(4).

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Michael Gilbert
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cc: A. Davis, DSS
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N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

October 13, 2020

WV-Parkway Pavilion
1157 Enfield Street
Enfield CT 06082

Provider Number: 000009597

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

Dear Provider:

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<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
7/1/2020 – 9/30/2020	CCNH	\$214.55
10/1/2020 – 12/31/2020	CCNH	\$216.70
1/1/2021 – 6/30/2021	CCNH	\$218.87

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