



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000021684

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$267.94
4/1/2022 – 6/30/2022	CCNH	\$244.54

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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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August 26, 2021

Abbott Terrace Health Center
44 Abbott Terrace
Waterbury CT 06702

Provider Number: 000010892

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$272.83
4/1/2022 – 6/30/2022	CCNH	\$249.05

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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August 26, 2021

Advanced Nursing and Rehab
169 Davenport Avenue
New Haven CT 06519

Provider Number: 000000323

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$330.41
4/1/2022 – 6/30/2022	CCNH	\$301.58

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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August 26, 2021

Amberwoods of Farmington
416 Colt Highway
Farmington CT 06032

Provider Number: 000009241

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$285.66
4/1/2022 – 6/30/2022	CCNH	\$260.71

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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August 26, 2021

Apple Rehab Avon
220 Scoville Road
Avon CT 06001

Provider Number: 000010356

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$255.65
4/1/2022 – 6/30/2022	CCNH	\$233.32

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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August 26, 2021

Apple Rehab Colchester
36 Broadway
Colchester CT 06415

Provider Number: 000010900

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$265.11
4/1/2022 – 6/30/2022	CCNH	\$241.97

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

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August 26, 2021

Apple Rehab Cromwell
156 Berlin Road
Cromwell CT 06416

Provider Number: 000009333

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$249.71
4/1/2022 – 6/30/2022	CCNH	\$227.90

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

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August 26, 2021

Apple Rehab Farmington Valley
269 Farmington Ave.
Plainville CT 06062

Provider Number: 000020298

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$258.12
4/1/2022 – 6/30/2022	CCNH	\$235.58

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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August 26, 2021

Apple Rehab Guilford
10 Boston Post Road
Guilford CT 06437

Provider Number: 000010686

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$249.04
4/1/2022 – 6/30/2022	CCNH	\$227.30

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

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August 26, 2021

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

Provider Number: 000021212

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$294.47
4/1/2022 – 6/30/2022	CCNH	\$268.76

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Apple Rehab Middletown
600 Highland Avenue
Middletown CT 06457

Provider Number: 000020172

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$250.66
4/1/2022 – 6/30/2022	CCNH	\$228.77

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
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Myers and Stauffer



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Deputy Commissioner

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Apple Rehab Mystic
28 Broadway
Mystic CT 06355

Provider Number: 000010637

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$245.73
4/1/2022 – 6/30/2022	CCNH	\$224.29

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
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Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000020065

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$258.49
4/1/2022 – 6/30/2022	CCNH	\$235.91

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

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S. Ouelette, DSS,
N. Godburn, DSS
Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Apple Rehab Shelton Lakes
5 Lake Road
Shelton CT 06484

Provider Number: 000010173

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$271.89
4/1/2022 – 6/30/2022	CCNH	\$248.16

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



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Deputy Commissioner

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Apple Rehab Uncasville
5 Richard Brown Road
Uncasville CT 06382

Provider Number: 000021064

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$273.95
4/1/2022 – 6/30/2022	CCNH	\$250.03

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Apple Rehab West Haven
308 Savin Avenue
West Haven CT 06516

Provider Number: 000021361

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$262.83
4/1/2022 – 6/30/2022	CCNH	\$239.88

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Apple Rehabilitation Watertown
35 Bunker Hill Road
Watertown CT 06795

Provider Number: 000010827

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$257.54
4/1/2022 – 6/30/2022	CCNH	\$235.09

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Arden House
850 Mix Avenue
Hamden CT 06514

Provider Number: 000020371

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$271.16
4/1/2022 – 6/30/2022	CCNH	\$247.48

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Athena Meadowbrook LLC
350 Salmon Brook St.
Granby CT 06035

Provider Number: 000020800

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$302.57
4/1/2022 – 6/30/2022	CCNH	\$276.21

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
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MICHAEL GILBERT
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DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Athena Meadowbrook LLC
350 Salmon Brook St.
Granby CT 06035

Provider Number: 000095225

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	RHNS	\$251.96
4/1/2022 – 6/30/2022	RHNS	\$230.02

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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 aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in 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 aggrievement 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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000007724

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$286.82
4/1/2022 – 6/30/2022	CCNH	\$261.88

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000010256

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$273.17
4/1/2022 – 6/30/2022	CCNH	\$249.32

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
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STATE OF CONNECTICUT

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mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000010520

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$294.58
4/1/2022 – 6/30/2022	CCNH	\$268.86

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000021163

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$322.80
4/1/2022 – 6/30/2022	CCNH	\$294.62

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
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S. Ouelette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Avery Nursing Home
705 New Britain Avenue
Hartford CT 06106

Provider Number: 000007500

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$304.57
4/1/2022 – 6/30/2022	CCNH	\$278.08

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Avery Nursing Home
705 New Britain Avenue
Hartford CT 06106

Provider Number: 000090795

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	RHNS	\$234.11
4/1/2022 – 6/30/2022	RHNS	\$213.77

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Avon Health Center
652 West Avon Road
Avon CT 06001

Provider Number: 000009381

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$284.86
4/1/2022 – 6/30/2022	CCNH	\$259.99

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Bayview Health Care Center
301 Rope Ferry Road
Waterford CT 06385

Provider Number: 000020503

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$293.27
4/1/2022 – 6/30/2022	CCNH	\$267.66

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouellette, DSS,
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Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Beacon Brook Health Center
89 Weid Drive
Naugatuck CT 06770

Provider Number: 000021238

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$280.50
4/1/2022 – 6/30/2022	CCNH	\$256.01

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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

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 aggrievement 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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Beechwood
31 Vauxhall Street
New London CT 06320

Provider Number: 000006221

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$292.15
4/1/2022 – 6/30/2022	CCNH	\$266.63

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Bel-Air Manor
256 New Britain Avenue
Newington CT 06111

Provider Number: 000021080

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$296.12
4/1/2022 – 6/30/2022	CCNH	\$270.26

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000021387

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$325.03
4/1/2022 – 6/30/2022	CCNH	\$296.64

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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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Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Bickford Health Care Center
14 Main Street
Windsor Locks CT 06096

Provider Number: 000010074

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$225.73
4/1/2022 – 6/30/2022	CCNH	\$206.03

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000008128

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$268.64
4/1/2022 – 6/30/2022	CCNH	\$245.18

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000009134

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$294.93
4/1/2022 – 6/30/2022	CCNH	\$269.18

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Bradley Home & Pavilion
320 Colony Street
Meriden CT 06450

Provider Number: 000021577

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$276.64
4/1/2022 – 6/30/2022	CCNH	\$252.48

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Branford Hills
189 Alps Road
Branford CT 06405

Provider Number: 000009977

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$292.92
4/1/2022 – 6/30/2022	CCNH	\$267.36

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
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STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000020826

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$288.17
4/1/2022 – 6/30/2022	CCNH	\$263.02

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
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Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Cambridge Health and Rehabilitation Center
2428 Easton Turnpike
Fairfield CT 06825

Provider Number: 000020488

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$311.03
4/1/2022 – 6/30/2022	CCNH	\$283.87

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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.

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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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



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August 26, 2021

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

Provider Number: 000006064

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$300.35
4/1/2022 – 6/30/2022	CCNH	\$274.12

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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August 26, 2021

Cassena Care at Norwalk
23 Prospect Avenue
Norwalk CT 06850

Provider Number: 000020016

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$330.04
4/1/2022 – 6/30/2022	CCNH	\$301.23

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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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August 26, 2021

Cassena Care of Stamford
53 Courtland Avenue
Stamford CT 06902

Provider Number: 000010843

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$317.34
4/1/2022 – 6/30/2022	CCNH	\$289.63

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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August 26, 2021

Chelsea Place Care Center
25 Lorraine Street
Hartford CT 06105

Provider Number: 000009761

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$303.08
4/1/2022 – 6/30/2022	CCNH	\$276.61

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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N. Godburn, DSS
Myers and Stauffer



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August 26, 2021

Cherry Brook Health Care Center
102 Dyer Avenue
Canton CT 06019

Provider Number: 000021254

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$299.19
4/1/2022 – 6/30/2022	CCNH	\$273.06

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000006577

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$303.97
4/1/2022 – 6/30/2022	CCNH	\$277.43

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

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August 26, 2021

Cheshire Regional Rehab Center
745 Highland Avenue
Cheshire CT 06410

Provider Number: 000010454

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$304.63
4/1/2022 – 6/30/2022	CCNH	\$278.05

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

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August 26, 2021

Chestelm Health Care
534 Town Street
Moodus CT 06469

Provider Number: 000010298

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$280.55
4/1/2022 – 6/30/2022	CCNH	\$256.05

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Chestelm Health Care
534 Town Street
Moodus CT 06469

Provider Number: 000091793

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	RHNS	\$212.41
4/1/2022 – 6/30/2022	RHNS	\$193.86

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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.

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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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Chesterfields Health Care Center
132 Main Street
Chester CT 06412

Provider Number: 000006338

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$241.66
4/1/2022 – 6/30/2022	CCNH	\$220.55

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Cobalt Lodge Health Care & Rehab. Ctr
RR 151
Cobalt CT 06414

Provider Number: 000008136

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$245.44
4/1/2022 – 6/30/2022	CCNH	\$224.00

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



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Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Coccoma Memorial Health Center
33 Cone Avenue
Meriden CT 06450

Provider Number: 000020743

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$238.88
4/1/2022 – 6/30/2022	CCNH	\$218.02

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouelette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000020032

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$290.19
4/1/2022 – 6/30/2022	CCNH	\$264.89

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



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Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Connecticut Baptist Homes
292 Thorpe Avenue
Meriden CT 06450

Provider Number: 000010231

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$252.02
4/1/2022 – 6/30/2022	CCNH	\$230.03

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Connecticut Baptist Homes
292 Thorpe Avenue
Meriden CT 06450

Provider Number: 000095283

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	RHNS	\$199.93
4/1/2022 – 6/30/2022	RHNS	\$182.49

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

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Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Cook Willow Health & Rehab Center
81 Hillside Avenue
Plymouth CT 06782

Provider Number: 000009324

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$279.57
4/1/2022 – 6/30/2022	CCNH	\$255.16

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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Myers and Stauffer



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Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Countryside Manor
1660 Stafford Avenue
Bristol CT 06010

Provider Number: 000021303

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$282.84
4/1/2022 – 6/30/2022	CCNH	\$258.14

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000010140

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$291.79
4/1/2022 – 6/30/2022	CCNH	\$266.31

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Deputy Commissioner

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000005413

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$290.01
4/1/2022 – 6/30/2022	CCNH	\$264.69

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Douglas Manor
103 North Road
Windham CT 06280

Provider Number: 000006932

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$306.94
4/1/2022 – 6/30/2022	CCNH	\$280.13

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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

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S. Ouelette, DSS,
N. Godburn, DSS
Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Elim Park Baptist Home
140 Cook Hill Rd
Cheshire CT 06410

Provider Number: 000006668

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$309.95
4/1/2022 – 6/30/2022	CCNH	\$282.90

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
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mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000020529

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$301.76
4/1/2022 – 6/30/2022	CCNH	\$275.51

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouelette, DSS,
N. Godburn, DSS
Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Fairview, Inc.
235 Lestertown Road
Groton CT 06340

Provider Number: 000002584

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$277.01
4/1/2022 – 6/30/2022	CCNH	\$252.83

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Farmington Care Center
20 Scott Swamp Road
Farmington CT 06032

Provider Number: 000010447

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$292.45
4/1/2022 – 6/30/2022	CCNH	\$266.92

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000004614

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$305.98
4/1/2022 – 6/30/2022	CCNH	\$279.26

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Fox Hill Center
1253 Hartford Turnpike
Rockville CT 06066

Provider Number: 000008029

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$237.04
4/1/2022 – 6/30/2022	CCNH	\$216.35

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
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Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Frances Warde Towers
2021 Albany Avenue
West Hartford CT 06117

Provider Number: 000006809

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$297.75
4/1/2022 – 6/30/2022	CCNH	\$271.78

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
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Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Fresh River Healthcare
96 Prospect Hill Road
East Windsor CT 06088

Provider Number: 000009530

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$290.52
4/1/2022 – 6/30/2022	CCNH	\$265.16

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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**
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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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000009969

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$262.68
4/1/2022 – 6/30/2022	CCNH	\$239.74

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
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Myers and Stauffer



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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000008433

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$291.69
4/1/2022 – 6/30/2022	CCNH	\$266.22

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
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MICHAEL GILBERT
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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000020248

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$290.53
4/1/2022 – 6/30/2022	CCNH	\$265.16

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Glastonbury Health Care Center
1175 Hebron Avenue
Glastonbury CT 06033

Provider Number: 000020280

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$287.70
4/1/2022 – 6/30/2022	CCNH	\$262.59

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Glen Hill Center
1 Glen Hill Road
Danbury CT 06810

Provider Number: 00007153

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$255.39
4/1/2022 – 6/30/2022	CCNH	\$233.11

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
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N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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FAX:

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TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Glendale Center
4 Hazel Drive
Naugatuck CT 06770

Provider Number: 000010975

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$253.92
4/1/2022 – 6/30/2022	CCNH	\$231.76

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Golden Hill Rehab Pavilion
2028 Bridgeport Avenue
Milford CT 06460

Provider Number: 000008896

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$293.78
4/1/2022 – 6/30/2022	CCNH	\$268.12

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
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Myers and Stauffer



STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Governors House Simsbury OPCO, LLC
36 Firetown Road
Simsbury CT 06070

Provider Number: 000020628

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$308.14
4/1/2022 – 6/30/2022	CCNH	\$281.24

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Governors House Simsbury OPCO, LLC
36 Firetown Road
Simsbury CT 06070

Provider Number: 000020628

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	
4/1/2022 – 6/30/2022	CCNH	

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Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Grandview Rehabilitation and Healthcare Center
55 Grand Street
New Britain CT 06052

Provider Number: 000010439

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$251.94
4/1/2022 – 6/30/2022	CCNH	\$229.94

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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.

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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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



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August 26, 2021

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

Provider Number: 000008425

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$273.84
4/1/2022 – 6/30/2022	CCNH	\$249.93

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Greenwich Woods Rehabilitation
1165 King Street
Greenwich CT 06831

Provider Number: 000010934

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$272.04
4/1/2022 – 6/30/2022	CCNH	\$248.28

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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August 26, 2021

Grimes Center
1354 Chapel Street
New Haven CT 06511

Provider Number: 000020272

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$320.81
4/1/2022 – 6/30/2022	CCNH	\$292.79

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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August 26, 2021

Groton Regency Center
1145 Poquonock Road
Groton CT 06340

Provider Number: 000020355

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$253.30
4/1/2022 – 6/30/2022	CCNH	\$231.18

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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N. Godburn, DSS
Myers and Stauffer



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August 26, 2021

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

Provider Number: 000004945

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$238.47
4/1/2022 – 6/30/2022	CCNH	\$217.64

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouellette, DSS,
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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000009902

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$265.78
4/1/2022 – 6/30/2022	CCNH	\$242.59

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Hancock Hall
31 Staples Street
Danbury CT 06810

Provider Number: 000021858

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$298.83
4/1/2022 – 6/30/2022	CCNH	\$272.74

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

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August 26, 2021

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

Provider Number: 000009647

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$235.19
4/1/2022 – 6/30/2022	CCNH	\$214.65

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Harrington Court
59 Harrington Court
Colchester CT 06415

Provider Number: 000008961

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$282.18
4/1/2022 – 6/30/2022	CCNH	\$257.54

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Hebrew Home
1 Abrahms Boulevard
West Hartford CT 06117

Provider Number: 000000927

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$325.72
4/1/2022 – 6/30/2022	CCNH	\$297.29

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000005876

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$277.21
4/1/2022 – 6/30/2022	CCNH	\$253.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000002089

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$293.28
4/1/2022 – 6/30/2022	CCNH	\$267.68

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Ingraham Manor
400 North Main Street
Bristol CT 06010

Provider Number: 000020561

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$288.63
4/1/2022 – 6/30/2022	CCNH	\$263.45

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



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Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000020454

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$297.34
4/1/2022 – 6/30/2022	CCNH	\$271.37

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

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FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000020438

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$284.32
4/1/2022 – 6/30/2022	CCNH	\$259.51

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Jefferson House
1 John Stewart Drive
Newington CT 06111

Provider Number: 000009936

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$307.39
4/1/2022 – 6/30/2022	CCNH	\$280.57

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Jerome Home, The
975 Corbin Avenue
New Britain CT 06052

Provider Number: 000020652

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$295.68
4/1/2022 – 6/30/2022	CCNH	\$269.91

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Jewish Senior Services
4200 Park Avenue
Bridgeport CT 06604

Provider Number: 000009233

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$361.80
4/1/2022 – 6/30/2022	CCNH	\$330.21

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Kimberly Hall North
One Emerson Drive
Windsor CT 06095

Provider Number: 000010769

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$253.45
4/1/2022 – 6/30/2022	CCNH	\$231.34

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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 aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in 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 aggrievement 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



MICHAEL GILBERT
Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Kimberly Hall South Center
One Emerson Drive
Windsor CT 06095

Provider Number: 000010751

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$255.65
4/1/2022 – 6/30/2022	CCNH	\$233.32

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

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Myers and Stauffer



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Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Laurel Ridge Health Care Center
642 Danbury Road
Ridgefield CT 06877

Provider Number: 000021262

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$327.48
4/1/2022 – 6/30/2022	CCNH	\$298.88

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouelette, DSS,
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Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000020462

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$248.02
4/1/2022 – 6/30/2022	CCNH	\$226.36

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

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N. Godburn, DSS
Myers and Stauffer



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Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Leeway
40 Albert Street
New Haven CT 06511

Provider Number: 000042169

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	AIDSNF	\$496.50
4/1/2022 – 6/30/2022	AIDSNF	\$453.14

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouelette, DSS,
N. Godburn, DSS
Myers and Stauffer



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mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000020347

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$282.89
4/1/2022 – 6/30/2022	CCNH	\$258.19

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000095077

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	RHNS	\$213.07
4/1/2022 – 6/30/2022	RHNS	\$194.46

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

LiveWell Connecticut
1261 South Main Street
Plantsville CT 06479

Provider Number: 000020933

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$315.79
4/1/2022 – 6/30/2022	CCNH	\$288.24

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000021197

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$353.13
4/1/2022 – 6/30/2022	CCNH	\$322.30

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000009688

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$279.84
4/1/2022 – 6/30/2022	CCNH	\$255.40

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Ludlowe Center
118 Jefferson Street
Fairfield CT 06432

Provider Number: 000006080

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$333.28
4/1/2022 – 6/30/2022	CCNH	\$304.18

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



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Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000006999

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$279.78
4/1/2022 – 6/30/2022	CCNH	\$255.43

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Madison House
34 Wildwood Avenue
Madison CT 06443

Provider Number: 000021444

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$293.32
4/1/2022 – 6/30/2022	CCNH	\$267.82

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000021428

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$297.69
4/1/2022 – 6/30/2022	CCNH	\$271.69

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000008417

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$255.37
4/1/2022 – 6/30/2022	CCNH	\$233.09

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000021329

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$279.56
4/1/2022 – 6/30/2022	CCNH	\$255.16

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000009407

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$271.41
4/1/2022 – 6/30/2022	CCNH	\$247.72

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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

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FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000021056

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$269.85
4/1/2022 – 6/30/2022	CCNH	\$246.29

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000020511

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$309.51
4/1/2022 – 6/30/2022	CCNH	\$282.48

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Masonicare Health Center
22 Masonic Avenue
Wallingford CT 06492

Provider Number: 000001198

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$290.69
4/1/2022 – 6/30/2022	CCNH	\$265.32

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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.

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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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

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mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000091447

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	RHNS	\$153.11
4/1/2022 – 6/30/2022	RHNS	\$139.74

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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S. Ouellette, DSS,
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Myers and Stauffer



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Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Matulaitis Nursing Home
10 Thurber Rd.
Putnam CT 06260

Provider Number: 000009894

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$259.09
4/1/2022 – 6/30/2022	CCNH	\$236.51

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
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mike.gilbert@ct.gov

August 26, 2021

McLean Health Center
75 Great Pond Road
Simsbury CT 06070

Provider Number: 000008847

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$317.75
4/1/2022 – 6/30/2022	CCNH	\$290.00

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



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Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Meriden Center
845 Paddock Avenue
Meriden CT 06450

Provider Number: 000008995

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$252.67
4/1/2022 – 6/30/2022	CCNH	\$230.60

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000007047

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$266.53
4/1/2022 – 6/30/2022	CCNH	\$243.26

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

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EMAIL:

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August 26, 2021

Middlesex Health Care Center
100 Randolph Rd.
Middletown CT 06457

Provider Number: 000009472

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$259.88
4/1/2022 – 6/30/2022	CCNH	\$237.20

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Deputy Commissioner

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Myers and Stauffer



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August 26, 2021

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

Provider Number: 000010561

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$302.05
4/1/2022 – 6/30/2022	CCNH	\$275.68

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Myers and Stauffer



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EMAIL:

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August 26, 2021

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

Provider Number: 000009928

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$296.94
4/1/2022 – 6/30/2022	CCNH	\$271.02

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Monsignor Bojnowski Manor
50 Pulaski Street
New Britain CT 06053

Provider Number: 000009332

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$297.73
4/1/2022 – 6/30/2022	CCNH	\$271.76

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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

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 aggrievement 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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000010157

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$293.83
4/1/2022 – 6/30/2022	CCNH	\$268.17

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



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Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Mystic Manor, Inc.
475 High Street
Mystic CT 06355

Provider Number: 000008391

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$270.07
4/1/2022 – 6/30/2022	CCNH	\$246.52

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



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Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Nathaniel Witherell
70 Parsonage Road
Greenwich CT 06830

Provider Number: 000005645

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$335.65
4/1/2022 – 6/30/2022	CCNH	\$306.37

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

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



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000010488

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$235.21
4/1/2022 – 6/30/2022	CCNH	\$214.67

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000009266

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$273.70
4/1/2022 – 6/30/2022	CCNH	\$249.80

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

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FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Newington Rapid Recovery Rehab Center
240 Church Street
Newington CT 06111

Provider Number: 000010397

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$294.49
4/1/2022 – 6/30/2022	CCNH	\$268.78

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

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

Provider Number: 000010207

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$303.77
4/1/2022 – 6/30/2022	CCNH	\$277.29

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Noble Horizons
17 Cobble Road
Salisbury CT 06068

Provider Number: 000009365

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$305.44
4/1/2022 – 6/30/2022	CCNH	\$278.78

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Sincerely,

Michael Gilbert
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N. Godburn, DSS
Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Noble Horizons
17 Cobble Road
Salisbury CT 06068

Provider Number: 000091777

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	RHNS	\$264.94
4/1/2022 – 6/30/2022	RHNS	\$241.82

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Sincerely,

Michael Gilbert
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cc: A. Davis, DSS
S. Ouellette, DSS,
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MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Northbridge Health Care Center
2875 Main Street
Bridgeport CT 06606

Provider Number: 000010835

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$310.35
4/1/2022 – 6/30/2022	CCNH	\$283.26

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

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mike.gilbert@ct.gov

August 26, 2021

Norwich Sub-Acute and Nursing
93 West Town Street
Norwichtown CT 06360

Provider Number: 000008599

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$214.18
4/1/2022 – 6/30/2022	CCNH	\$195.48

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

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August 26, 2021

Notre Dame Conv. Home, Inc.
76 West Rocks Road
Norwalk CT 06851

Provider Number: 000002865

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$279.79
4/1/2022 – 6/30/2022	CCNH	\$255.35

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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August 26, 2021

Orange Health Care Center
225 Boston Post Rd.
Orange CT 06477

Provider Number: 000004978

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$270.66
4/1/2022 – 6/30/2022	CCNH	\$247.02

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

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Myers and Stauffer



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mike.gilbert@ct.gov

August 26, 2021

Park Place Health Center
5 Greenwood Street
Hartford CT 06106

Provider Number: 000020081

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$295.53
4/1/2022 – 6/30/2022	CCNH	\$269.72

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Deputy Commissioner

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N. Godburn, DSS
Myers and Stauffer



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August 26, 2021

Pendleton Health & Rehab. Center
44 Maritime Drive
Mystic CT 06355

Provider Number: 000020694

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$296.63
4/1/2022 – 6/30/2022	CCNH	\$270.77

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

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August 26, 2021

Pierce Memorial Baptist Home, Inc.
44 Canterbury Rd.
Brooklyn CT 06234

Provider Number: 000006007

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$294.80
4/1/2022 – 6/30/2022	CCNH	\$269.06

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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August 26, 2021

Pilgrim Manor
52 Missionary Road
Cromwell CT 06416

Provider Number: 000007260

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$269.93
4/1/2022 – 6/30/2022	CCNH	\$246.39

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Portland Care and Rehab. Center, Inc.
333 Main Street
Portland CT 06480

Provider Number: 000008714

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$272.20
4/1/2022 – 6/30/2022	CCNH	\$248.43

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Quinnipiac Valley Center
55 Kondracki Lane
Wallingford CT 06492

Provider Number: 000020149

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$246.75
4/1/2022 – 6/30/2022	CCNH	\$225.20

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Regal Care at New Haven
181 Clifton Street
New Haven CT 06513

Provider Number: 000008177

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$303.41
4/1/2022 – 6/30/2022	CCNH	\$276.92

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouellette, DSS,
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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Regal Care at Torrington
80 Fern Drive
Torrington CT 06790

Provider Number: 000009621

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$294.76
4/1/2022 – 6/30/2022	CCNH	\$269.03

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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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Michael Gilbert
Deputy Commissioner

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Myers and Stauffer



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STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Regal Care at Waterbury
177 Whitewood Road
Waterbury CT 06708

Provider Number: 000009001

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$312.17
4/1/2022 – 6/30/2022	CCNH	\$284.94

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouellette, DSS,
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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Regal Care at West Haven
310 Terrace Avenue
West Haven CT 06516

Provider Number: 000010926

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$296.73
4/1/2022 – 6/30/2022	CCNH	\$270.85

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



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Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

RegalCare at Greenwich
1188 King Street
Greenwich CT 06831

Provider Number: 000007609

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$290.94
4/1/2022 – 6/30/2022	CCNH	\$265.53

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

RegalCare at Southport
930 Mill Hill Terrace
Southport CT 06890

Provider Number: 000008508

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$303.58
4/1/2022 – 6/30/2022	CCNH	\$277.07

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



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STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Regency House Nursing and Rehabilitation Center
181 East Main Street
Wallingford CT 06492

Provider Number: 000009084

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$308.70
4/1/2022 – 6/30/2022	CCNH	\$281.75

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

River Glen Health Care Center
162 South Britain Rd.
Southbury CT 06488

Provider Number: 000009431

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$262.34
4/1/2022 – 6/30/2022	CCNH	\$239.43

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouellette, DSS,
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Myers and Stauffer



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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Riverside Health and Rehabilitation Center
745 Main Street
East Hartford CT 06108

Provider Number: 000010009

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$297.47
4/1/2022 – 6/30/2022	CCNH	\$271.53

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
S. Ouellette, DSS,
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Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Saint John Paul II Center
33 Lincoln Ave.
Danbury CT 06810

Provider Number: 000010678

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$294.38
4/1/2022 – 6/30/2022	CCNH	\$268.67

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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.

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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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

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mike.gilbert@ct.gov

August 26, 2021

Saint Joseph's Living Center
14 Club Road
Windham CT 06280

Provider Number: 000020397

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$266.01
4/1/2022 – 6/30/2022	CCNH	\$242.79

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Saint Joseph's Residence
1365 Enfield Street
Enfield CT 06082

Provider Number: 000009019

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$295.24
4/1/2022 – 6/30/2022	CCNH	\$269.55

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

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Deputy Commissioner

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August 26, 2021

Salmon Brook Rehab and Nursing
72 Salmon Brook Drive
Glastonbury CT 06033

Provider Number: 000020412

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$275.10
4/1/2022 – 6/30/2022	CCNH	\$251.07

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Myers and Stauffer



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August 26, 2021

Saybrook Health Care Center
1775 Boston Post Road
Old Saybrook CT 06475

Provider Number: 000007252

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$245.11
4/1/2022 – 6/30/2022	CCNH	\$223.70

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
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August 26, 2021

Seabury Health Center
200 Seabury Drive
Bloomfield CT 06002

Provider Number: 000021030

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$301.78
4/1/2022 – 6/30/2022	CCNH	\$275.50

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

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August 26, 2021

SecureCare Options, LLC
60 West Street
Rocky Hill CT 06067

Provider Number: 008046363

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$456.88
4/1/2022 – 6/30/2022	CCNH	\$416.98

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Shady Knoll Health Center, Inc
44 Skokorat Street
Seymour CT 06483

Provider Number: 000021072

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$283.00
4/1/2022 – 6/30/2022	CCNH	\$258.32

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Sharon Health Care Center
27 Hospital Hill Road
Sharon CT 06069

Provider Number: 000020941

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$302.86
4/1/2022 – 6/30/2022	CCNH	\$276.49

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Sheriden Woods Health Care Center
321 Stonecrest Drive
Bristol CT 06010

Provider Number: 000020040

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$262.43
4/1/2022 – 6/30/2022	CCNH	\$239.51

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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

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 aggrievement 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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Silver Springs Care Center
33 Roy Street
Meriden CT 06450

Provider Number: 000010660

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$296.07
4/1/2022 – 6/30/2022	CCNH	\$270.22

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Skyview Rehab and Nursing
35 Marc Drive
Wallingford CT 06492

Provider Number: 000007427

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$244.46
4/1/2022 – 6/30/2022	CCNH	\$223.11

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Southington Care Center
45 Meriden Avenue
Southington CT 06489-3213

Provider Number: 000020602

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$303.72
4/1/2022 – 6/30/2022	CCNH	\$277.31

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



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Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

St. Camillus Stamford OPCO LLC
494 Elm Street
Stamford CT 06902

Provider Number: 000020363

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$316.01
4/1/2022 – 6/30/2022	CCNH	\$288.41

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

St. Joseph's Center
6448 Main Street
Trumbull CT 06611

Provider Number: 000006841

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$302.77
4/1/2022 – 6/30/2022	CCNH	\$276.33

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Suffield House, The
1 Canal Road
Suffield CT 06078

Provider Number: 000020751

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$279.72
4/1/2022 – 6/30/2022	CCNH	\$255.32

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

The Guilford House, LLC
109 West Lake Avenue
Guilford CT 06437

Provider Number: 000004606

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$295.70
4/1/2022 – 6/30/2022	CCNH	\$269.88

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

The Pines at Bristol
61 Bellevue Avenue
Bristol CT 06010

Provider Number: 000009043

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$289.73
4/1/2022 – 6/30/2022	CCNH	\$264.43

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

cc: A. Davis, DSS
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Myers and Stauffer



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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

The Reservoir
One Emily Way
West Hartford CT 06107

Provider Number: 000021668

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$301.58
4/1/2022 – 6/30/2022	CCNH	\$275.25

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

The Summit at Plantsville
261 Summit Street
Plantsville CT 06479

Provider Number: 000009464

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$272.39
4/1/2022 – 6/30/2022	CCNH	\$248.60

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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



MICHAEL GILBERT
Deputy Commissioner

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mike.gilbert@ct.gov

August 26, 2021

The Villa at Stamford
88 Rockrimmon Road
Stamford CT 06903

Provider Number: 000007161

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$315.66
4/1/2022 – 6/30/2022	CCNH	\$288.13

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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



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Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

The Willows
225 Amity Road
Woodbridge CT 06525

Provider Number: 000020553

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$296.35
4/1/2022 – 6/30/2022	CCNH	\$270.48

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Touchpoints at Bloomfield
140 Park Avenue
Bloomfield CT 06002

Provider Number: 000010876

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$292.68
4/1/2022 – 6/30/2022	CCNH	\$267.12

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Touchpoints at Chestnut
171 Main Street
East Windsor CT 06088

Provider Number: 000023143

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$258.98
4/1/2022 – 6/30/2022	CCNH	\$236.38

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Touchpoints at Manchester
333 Bidwell Street
Manchester CT 06040

Provider Number: 000020123

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$307.04
4/1/2022 – 6/30/2022	CCNH	\$280.23

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



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Deputy Commissioner

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EMAIL:

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August 26, 2021

Trinity Hill Care Center, LLC
151 Hillside Avenue
Hartford CT 06106

Provider Number: 000049553

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	AIDSNF	\$372.41
4/1/2022 – 6/30/2022	AIDSNF	\$339.89

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
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Myers and Stauffer



MICHAEL GILBERT
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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Trinity Hill Care Center, LLC
151 Hillside Avenue
Hartford CT 06106

Provider Number: 000009555

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$342.37
4/1/2022 – 6/30/2022	CCNH	\$312.47

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Twin Maples Healthcare, Inc.
809-R New Haven Road
Durham CT 06422

Provider Number: 000023151

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$225.63
4/1/2022 – 6/30/2022	CCNH	\$205.95

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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Myers and Stauffer



MICHAEL GILBERT
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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Valerie Manor
1360 Torrington Road
Torrington CT 06790

Provider Number: 000010702

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$267.21
4/1/2022 – 6/30/2022	CCNH	\$243.99

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Vernon Manor Health Care Center
180 Regan Road.
Vernon CT 06066

Provider Number: 000009910

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$250.44
4/1/2022 – 6/30/2022	CCNH	\$228.58

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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
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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Villa Maria Nursing & Rehabilitation Inc.
20 Babcock Avenue
Plainfield CT 06374

Provider Number: 000010066

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$240.37
4/1/2022 – 6/30/2022	CCNH	\$219.38

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Village Crest Center for Health & Rehabilitation
19 Poplar Street
New Milford CT 06776

Provider Number: 000008771

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$284.90
4/1/2022 – 6/30/2022	CCNH	\$260.03

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

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Deputy Commissioner

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Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Village Green of Bristol Rehab. and Health Center
23 Fair Street
Forestville CT 06010

Provider Number: 000020164

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$292.18
4/1/2022 – 6/30/2022	CCNH	\$266.66

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES OFFICE OF THE DEPUTY COMMISSIONER

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Village Green of Bristol Rehab. and Health Center
23 Fair Street
Forestville CT 06010

Provider Number: 000520165

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	SLTC	\$518.57
4/1/2022 – 6/30/2022	SLTC	\$473.28

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Wadsworth Glen Health Care & Rehab Ctr
30 Boston Road
Middletown CT 06457

Provider Number: 000020256

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$282.57
4/1/2022 – 6/30/2022	CCNH	\$257.89

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Waterbury Gardens Nursing and Rehab
128 Cedar Ave
Waterbury CT 06706

Provider Number: 000020156

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$308.07
4/1/2022 – 6/30/2022	CCNH	\$281.17

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Waterbury Gardens Nursing and Rehab
128 Cedar Ave
Waterbury CT 06706

Provider Number: 000520157

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	SLTC	\$435.58
4/1/2022 – 6/30/2022	SLTC	\$397.54

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Water's Edge Center for Health & Rehab.
111 Church Street
Middletown CT 06457

Provider Number: 000020975

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$295.19
4/1/2022 – 6/30/2022	CCNH	\$269.42

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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mike.gilbert@ct.gov

August 26, 2021

Watertown Convallarium
560 Woodbury Road
Watertown CT 06795

Provider Number: 000008813

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$255.20
4/1/2022 – 6/30/2022	CCNH	\$232.91

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Watrous Nursing Center
9 Neck Road
Madison CT 06443

Provider Number: 000010991

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$256.54
4/1/2022 – 6/30/2022	CCNH	\$234.14

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
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Myers and Stauffer



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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Waveny Care Center
3 Farm Road
New Canaan CT 06840

Provider Number: 000009423

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$311.16
4/1/2022 – 6/30/2022	CCNH	\$284.01

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

West Hartford Health & Rehab. Center
130 Loomis Drive
West Hartford CT 06107

Provider Number: 000009738

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$299.05
4/1/2022 – 6/30/2022	CCNH	\$272.94

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

West River Rehab Center
245 Orange Avenue
Milford CT 06460

Provider Number: 000020925

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$331.79
4/1/2022 – 6/30/2022	CCNH	\$302.81

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouelette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Western Rehabilitation Care Center
107 Osborne Street
Danbury CT 06810

Provider Number: 000010389

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$315.26
4/1/2022 – 6/30/2022	CCNH	\$287.73

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

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TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Westport Rehab Complex
1 Burr Road
Westport CT 06880

Provider Number: 000010371

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$318.31
4/1/2022 – 6/30/2022	CCNH	\$290.52

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Deputy Commissioner

cc: A. Davis, DSS
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Deputy Commissioner

STATE OF CONNECTICUT

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Westside Care Center
349 Bidwell Street
Manchester CT 06040

Provider Number: 000007807

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$295.51
4/1/2022 – 6/30/2022	CCNH	\$269.72

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Westview Nursing Care & Rehab. Ctr
150 Ware Road
Dayville CT 06241

Provider Number: 000009308

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$299.48
4/1/2022 – 6/30/2022	CCNH	\$273.37

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
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cc: A. Davis, DSS
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Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Whispering Pines Rehabilitation and Nursing Center
38 Talmadge Ave
East Haven CT 06512

Provider Number: 000009951

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$281.06
4/1/2022 – 6/30/2022	CCNH	\$256.51

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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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. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer



MICHAEL GILBERT
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Whitney Center
200 Leeder Hill Drive
Hamden CT 06517

Provider Number: 000009852

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$289.08
4/1/2022 – 6/30/2022	CCNH	\$264.63

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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. Pursuant to Public Act 21-2, facilities that receive a 4.5% rate adjustment for employee wage enhancements but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate 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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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Whitney Rehabilitation Care Center
2798 Whitney Avenue
Hamden CT 06518

Provider Number: 9027

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$265.28
4/1/2022 – 6/30/2022	CCNH	\$242.12

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Wilton Meadows Health Care Center
439 Danbury Road
Wilton CT 06897

Provider Number: 000020321

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$267.68
4/1/2022 – 6/30/2022	CCNH	\$244.31

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
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MICHAEL GILBERT
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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Windsor Health and Rehab Center
581 Poquonock Avenue
Windsor CT 06095

Provider Number: 000009589

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$239.52
4/1/2022 – 6/30/2022	CCNH	\$218.60

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Sincerely,

Michael Gilbert
Deputy Commissioner

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S. Ouellette, DSS,
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Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Wolcott Hall Nursing Center, Inc
215 Forest Street
Torrington CT 06790

Provider Number: 000010967

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$263.58
4/1/2022 – 6/30/2022	CCNH	\$240.56

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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S. Ouellette, DSS,
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Myers and Stauffer



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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Wolcott View Manor
50 Beach Road
Wolcott CT 06716

Provider Number: 000009720

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$281.64
4/1/2022 – 6/30/2022	CCNH	\$257.05

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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Michael Gilbert
Deputy Commissioner

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STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

Woodlake at Tolland Nursing & Rehab
26 Shenipsit Lake Road
Tolland CT 06084

Provider Number: 000020991

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$292.89
4/1/2022 – 6/30/2022	CCNH	\$267.33

July 1, 2021 rates include fair rent increases based on fair rental additions reported in the 2020 Annual Reports. Pursuant to Public Act 21-2, rates are increased by 4.5% for the purpose of employee wage and benefit enhancement provided such increases are used for wage enhancements for facility employees. Public Act 21-2 established a temporary 10% rate increase for a 9-month period effective July 1, 2021 to March 31, 2022. Effective April 1, 2022 the temporary 10% increase will reverse as reflected above.

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EMAIL:

mike.gilbert@ct.gov

August 26, 2021

WV-Parkway Pavilion
1157 Enfield Street
Enfield CT 06082

Provider Number: 000009597

Dear Provider:

For period July 1, 2021 through June 30, 2022, 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>
7/1/2021 – 3/31/2022	CCNH	\$250.67
4/1/2022 – 6/30/2022	CCNH	\$228.78

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