

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000021684

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$271.82

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

Rates are subject to further adjustment for after-discovered differences in cost filing data which may take place, generally as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, or other reasons could result in a revision to the rate or rates 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.

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Phone: (860) 424-5053 • Fax: (860) 424-5057

TTY: 1-800-842-4524

E-mail: Commis.DSS@ct.gov

Hartford, Connecticut 06105-3730

www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a long horizontal stroke at the end.

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

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OFFICE OF THE COMMISSIONER

November 14, 2022

Advanced Nursing and Rehab
169 Davenport Avenue
New Haven CT 06519

Provider No.: 000000323

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$326.38

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

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OFFICE OF THE COMMISSIONER

November 14, 2022

Amberwoods of Farmington
416 Colt Highway
Farmington CT 06032

Provider No.: 000009241

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$274.12

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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S. Ouellette
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OFFICE OF THE COMMISSIONER

November 14, 2022

Apple Rehab Colchester
36 Broadway
Colchester CT 06415

Provider No.: 000010900

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$265.71

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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November 14, 2022

Apple Rehab Guilford
10 Boston Post Road
Guilford CT 06437

Provider No.: 000010686

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$250.08

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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November 14, 2022

Apple Rehab Middletown
600 Highland Avenue
Middletown CT 06457

Provider No.: 000020172

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$251.26

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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November 14, 2022

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

Provider No.: 000020065

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$259.34

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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OFFICE OF THE COMMISSIONER

November 14, 2022

Apple Rehab West Haven
308 Savin Avenue
West Haven CT 06516

Provider No.: 000021361

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$262.69

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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November 14, 2022

Apple Rehabilitation Watertown
35 Bunker Hill Road
Watertown CT 06795

Provider No.: 000010827

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$257.97

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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OFFICE OF THE COMMISSIONER

November 14, 2022

Athena Meadowbrook LLC
350 Salmon Brook St.
Granby CT 06035

Provider No.: 000020800

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$299.47

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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a long horizontal stroke at the end.

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Athena Meadowbrook LLC
350 Salmon Brook St.
Granby CT 06035

Provider No.: 000095225

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	RHNS	\$299.47

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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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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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
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Cc: A. Davis
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M&S

STATE OF CONNECTICUT

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Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000007724

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$281.37

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000010256

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$276.68

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000010520

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$288.79

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000021163

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$317.83

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Avery Nursing Home
705 New Britain Avenue
Hartford CT 06106

Provider No.: 000007500

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$291.77

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Avery Nursing Home
705 New Britain Avenue
Hartford CT 06106

Provider No.: 000090795

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	RHNS	\$291.77

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STATE OF CONNECTICUT

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Avon Health Center
652 West Avon Road
Avon CT 06001

Provider No.: 000009381

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$280.13

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Beacon Brook Health Center
89 Weid Drive
Naugatuck CT 06770

Provider No.: 000021238

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$278.42

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Beechwood
31 Vauxhall Street
New London CT 06320

Provider No.: 000006221

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$285.42

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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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 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.

Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, reading "Deidre S. Gifford". The signature is fluid and cursive, with the first name "Deidre" being the most prominent part.

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Bel-Air Manor
256 New Britain Avenue
Newington CT 06111

Provider No.: 000021080

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$299.65

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
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Commissioner, CT Department of Social Services

Cc: A. Davis
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M&S

STATE OF CONNECTICUT

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Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000021387

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$355.55

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Bickford Health Care Center
14 Main Street
Windsor Locks CT 06096

Provider No.: 000010074

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$222.09

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000008128

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$263.01

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

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DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009134

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$310.73

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Hartford, Connecticut 06105-3730

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Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Bradley Home & Pavilion
320 Colony Street
Meriden CT 06450

Provider No.: 000021577

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$270.63

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

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Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Bride Brook Rehab and Nursing Center
23 Liberty Way
Niantic CT 06357

Provider No.: 000020826

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$281.65

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Cambridge Health and Rehabilitation Center
2428 Easton Turnpike
Fairfield CT 06825

Provider No.: 000020488

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$333.66

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Cassena Care of Stamford
53 Courtland Avenue
Stamford CT 06902

Provider No.: 000010843

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$311.37

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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E-mail: Commis.DSS@ct.gov

Hartford, Connecticut 06105-3730

www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a large initial "D" and a stylized "S" and "G".

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Cheshire House Nursing & Rehab Center
3396 East Main Street
Waterbury CT 06705

Provider No.: 000006577

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$306.85

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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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 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.

Phone: (860) 424-5053 • Fax: (860) 424-5057

TTY: 1-800-842-4524

E-mail: Commis.DSS@ct.gov

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Chestelm Health Care
534 Town Street
Moodus CT 06469

Provider No.: 000010298

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$259.98

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Chestelm Health Care
534 Town Street
Moodus CT 06469

Provider No.: 000091793

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	RHNS	\$259.98

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000008136

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$240.87

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Cocomo Memorial Health Center
33 Cone Avenue
Meriden CT 06450

Provider No.: 000020743

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$239.76

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Cc: A. Davis
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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Complete Care at Glendale Center LLC
4 Hazel Drive
Naugatuck CT 06770

Provider No.: 000010975

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$256.33

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Cc: A. Davis
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DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Complete Care at Groton Regency LLC
1145 Poquonock Road
Groton CT 06340

Provider No.: 000020355

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$241.58

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

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M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Connecticut Baptist Homes
292 Thorpe Avenue
Meriden CT 06450

Provider No.: 000010231

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$224.06

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Connecticut Baptist Homes
292 Thorpe Avenue
Meriden CT 06450

Provider No.: 000095283

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	RHNS	\$224.06

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009324

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$277.80

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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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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Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, reading "Deidre S. Gifford". The signature is fluid and cursive, with the first name "Deidre" being the most prominent part.

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Countryside Manor
1660 Stafford Avenue
Bristol CT 06010

Provider No.: 000021303

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$280.22

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
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M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000010140

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$288.88

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Douglas Manor
103 North Road
Windham CT 06280

Provider No.: 000006932

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$307.88

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000020529

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$292.00

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
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Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Fairview, Inc.
235 Lestertown Road
Groton CT 06340

Provider No.: 000002584

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$271.00

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Farmington Care Center
20 Scott Swamp Road
Farmington CT 06032

Provider No.: 000010447

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$295.61

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000004614

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$304.23

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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M&S

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DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Frances Warde Towers
2021 Albany Avenue
West Hartford CT 06117

Provider No.: 000006809

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$294.59

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Fresh River Healthcare
96 Prospect Hill Road
East Windsor CT 06088

Provider No.: 000009530

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$293.63

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A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a large initial "D" and a stylized "S" and "G".

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009969

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$255.21

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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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 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.

Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000008433

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$284.99

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Glen Hill Center
1 Glen Hill Road
Danbury CT 06810

Provider No.: 00007153

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$253.74

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Governor's House Simsbury OPCO, LLC
36 Firetown Road
Simsbury CT 06070

Provider No.: 000020628

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$300.14

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000010439

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$247.08

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Cc: A. Davis
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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000008425

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$275.69

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Cc: A. Davis
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DEPARTMENT OF SOCIAL SERVICES

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Greenwich Woods Rehabilitation
1165 King Street
Greenwich CT 06831

Provider No.: 000010934

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$260.33

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Grimes Center
1354 Chapel Street
New Haven CT 06511

Provider No.: 000020272

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$312.76

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009902

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$263.82

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Hancock Hall
31 Staples Street
Danbury CT 06810

Provider No.: 000021858

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$298.68

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Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a large initial "D" and a stylized "S" and "G".

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Hebrew Home
1 Abrahms Boulevard
West Hartford CT 06117

Provider No.: 000000927

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$345.91

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
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Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000005876

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$269.64

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Ingraham Manor
400 North Main Street
Bristol CT 06010

Provider No.: 000020561

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$282.10

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
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M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Jefferson House
1 John Stewart Drive
Newington CT 06111

Provider No.: 000009936

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$299.99

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Jerome Home, The
975 Corbin Avenue
New Britain CT 06052

Provider No.: 000020652

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$287.68

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Jewish Senior Services
4200 Park Avenue
Bridgeport CT 06604

Provider No.: 000009233

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$356.05

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Kimberly Hall North
One Emerson Drive
Windsor CT 06095

Provider No.: 000010769

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$249.30

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

LiveWell Connecticut
1261 South Main Street
Plantsville CT 06479

Provider No.: 000020933

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$308.00

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009688

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$286.85

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Ludlowe Center
118 Jefferson Street
Fairfield CT 06432

Provider No.: 000006080

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$358.68

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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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 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.

Phone: (860) 424-5053 • Fax: (860) 424-5057

TTY: 1-800-842-4524

E-mail: Commis.DSS@ct.gov

Hartford, Connecticut 06105-3730

www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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).

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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000006999

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$269.83

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Manchester Rehabilitation and Healthcare Center
385 West Center Street
Manchester CT 06040

Provider No.: 000008417

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$253.12

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000021329

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$276.75

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009407

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$294.75

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000021056

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$289.71

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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DEPARTMENT OF SOCIAL SERVICES

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000020511

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$309.80

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Masonicare Health Center
22 Masonic Avenue
Wallingford CT 06492

Provider No.: 000001198

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$284.05

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Ned Lamont
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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Matulaitis Nursing Home
10 Thurber Rd.
Putnam CT 06260

Provider No.: 000009894

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$253.95

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

McLean Health Center
75 Great Pond Road
Simsbury CT 06070

Provider No.: 000008847

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$309.84

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TTY: 1-800-842-4524

E-mail: Commis.DSS@ct.gov

Hartford, Connecticut 06105-3730

www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a long horizontal stroke at the end.

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000007047

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$261.00

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Cc: A. Davis
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Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Middlesex Health Care Center
100 Randolph Rd.
Middletown CT 06457

Provider No.: 000009472

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$258.67

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000010561

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$326.47

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
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DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009928

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$290.01

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Monsignor Bojnowski Manor
50 Pulaski Street
New Britain CT 06053

Provider No.: 000009332

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$281.02

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000010157

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$289.85

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Nathaniel Witherell
70 Parsonage Road
Greenwich CT 06830

Provider No.: 000005645

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$325.18

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

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Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

New Haven Center for Nursing & Rehab LLC
181 Clifton Street
New Haven CT 06513

Provider No.: 000008177

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$303.33

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000010488

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$232.36

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009266

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$271.60

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

Rates are subject to further adjustment for after-discovered differences in cost filing data which may take place, generally as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, or other reasons could result in a revision to the rate or rates 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 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.

Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a long horizontal stroke at the end.

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

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DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Newington Rapid Recovery Rehab Center
240 Church Street
Newington CT 06111

Provider No.: 000010397

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$290.45

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000010207

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$297.95

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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OFFICE OF THE COMMISSIONER

November 14, 2022

Noble Horizons
17 Cobble Road
Salisbury CT 06068

Provider No.: 000009365

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$293.33

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
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November 14, 2022

Noble Horizons
17 Cobble Road
Salisbury CT 06068

Provider No.: 000091777

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	RHNS	\$293.33

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Commissioner, CT Department of Social Services

Cc: A. Davis
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OFFICE OF THE COMMISSIONER

November 14, 2022

Northbridge Health Care Center
2875 Main Street
Bridgeport CT 06606

Provider No.: 000010835

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$307.35

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Sincerely,

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

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DEPARTMENT OF SOCIAL SERVICES

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Ned Lamont
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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000008599

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$213.67

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000002865

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$273.63

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000004978

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$277.49

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

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Deidre S. Gifford, MD, MPH
Commissioner



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OFFICE OF THE COMMISSIONER

November 14, 2022

Park Place Health Center
5 Greenwood Street
Hartford CT 06106

Provider No.: 000020081

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$296.87

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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a large initial "D" and a stylized "S" and "G".

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000006007

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$289.07

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Pilgrim Manor
52 Missionary Road
Cromwell CT 06416

Provider No.: 000007260

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$259.26

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000008714

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$266.40

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009084

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$328.76

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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DEPARTMENT OF SOCIAL SERVICES

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009431

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$257.00

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000010009

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$323.81

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000010678

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$281.47

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000020397

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$260.51

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Saint Joseph's Residence
1365 Enfield Street
Enfield CT 06082

Provider No.: 000009019

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$288.47

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Cc: A. Davis
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M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

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Commissioner



Ned Lamont
Governor
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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000020412

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$268.77

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

Rates are subject to further adjustment for after-discovered differences in cost filing data which may take place, generally as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, or other reasons could result in a revision to the rate or rates 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 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.

Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a large initial "D" and a stylized "S" and "G".

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Seabury Health Center
200 Seabury Drive
Bloomfield CT 06002

Provider No.: 000021030

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$294.69

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Sharon Health Care Center
27 Hospital Hill Road
Sharon CT 06069

Provider No.: 000020941

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$299.18

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Sheriden Woods Health Care Center
321 Stonecrest Drive
Bristol CT 06010

Provider No.: 000020040

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$260.86

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Silver Springs Care Center
33 Roy Street
Meriden CT 06450

Provider No.: 000010660

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$297.86

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Skyview Rehab and Nursing
35 Marc Drive
Wallingford CT 06492

Provider No.: 000007427

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$236.82

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Sincerely,

A handwritten signature in blue ink, reading "Deidre S. Gifford". The signature is fluid and cursive, with the first name "Deidre" being the most prominent part.

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Southington Care Center
45 Meriden Avenue
Southington CT 06489-3213

Provider No.: 000020602

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$296.58

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
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M&S

STATE OF CONNECTICUT

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Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Southport Center for Nursing & Rehab LLC
930 Mill Hill Terrace
Southport CT 06890

Provider No.: 000008508

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$317.48

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Suffield House, The
1 Canal Road
Suffield CT 06078

Provider No.: 000020751

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$273.60

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000004606

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$288.82

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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E-mail: Commis.DSS@ct.gov

Hartford, Connecticut 06105-3730

www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a large initial "D" and a stylized "S" and "G".

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

The Pines at Bristol
61 Bellevue Avenue
Bristol CT 06010

Provider No.: 000009043

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$306.38

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

Rates are subject to further adjustment for after-discovered differences in cost filing data which may take place, generally as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, or other reasons could result in a revision to the rate or rates 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 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.

Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
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Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

The Villa at Stamford
88 Rockrimmon Road
Stamford CT 06903

Provider No.: 000007161

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$320.23

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

The Willows
225 Amity Road
Woodbridge CT 06525

Provider No.: 000020553

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$293.51

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Torrington Center for Nursing & Rehab LLC
80 Fern Drive
Torrington CT 06790

Provider No.: 000009621

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$293.44

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Touchpoints at Bloomfield
140 Park Avenue
Bloomfield CT 06002

Provider No.: 000010876

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$299.39

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Hartford, Connecticut 06105-3730

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Touchpoints at Chestnut
171 Main Street
East Windsor CT 06088

Provider No.: 000023143

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$278.66

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Touchpoints at Manchester
333 Bidwell Street
Manchester CT 06040

Provider No.: 000020123

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$311.19

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Governor
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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000023151

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$222.01

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Vernon Rehabilitation and Healthcare Center
180 Regan Road.
Vernon CT 06066

Provider No.: 000009910

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$249.33

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Villa Maria Nursing & Rehabilitation
20 Babcock Avenue
Plainfield CT 06374

Provider No.: 000010066

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$236.04

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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

- (1) Send a written request to the Department of Social Services within 10 days of the date of this letter. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; AND
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Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a long horizontal stroke at the end.

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000008771

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$306.66

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000020256

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$280.15

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Waterbury Center for Nursing & Rehab
177 Whitewood Road
Waterbury CT 06708

Provider No.: 000009001

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$310.58

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
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STATE OF CONNECTICUT

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Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000020975

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$312.63

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Waveny Care Center
3 Farm Road
New Canaan CT 06840

Provider No.: 000009423

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$292.38

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009738

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$294.40

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

West Haven Center for Nursing & Rehab LLC
310 Terrace Avenue
West Haven CT 06516

Provider No.: 000010926

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$294.44

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Westport Rehab Complex
1 Burr Road
Westport CT 06880

Provider No.: 000010371

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$333.66

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
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Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Westside Care Center
349 Bidwell Street
Manchester CT 06040

Provider No.: 000007807

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$297.99

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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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a large initial "D" and a stylized "S" and "G".

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Westview Health Care Center
150 Ware Road
Dayville CT 06241

Provider No.: 000009308

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$293.96

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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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.

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Phone: (860) 424-5053 • Fax: (860) 424-5057

TTY: 1-800-842-4524

E-mail: Commis.DSS@ct.gov

Hartford, Connecticut 06105-3730

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OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009951

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$274.85

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
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Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Whitney Rehabilitation Care Center
2798 Whitney Avenue
Hamden CT 06518

Provider No.: 9027

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$259.81

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Wilton Meadows Health Care Center
439 Danbury Road
Wilton CT 06897

Provider No.: 000020321

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$262.10

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



Ned Lamont
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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000010967

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$257.34

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Woodlake at Tolland
26 Shenipsit Lake Road
Tolland CT 06084

Provider No.: 000020991

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$286.15

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Abbott Terrace Health Center
44 Abbott Terrace
Waterbury CT 06702

Provider No.: 000010892

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$271.42

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Apple Rehab Avon
220 Scoville Road
Avon CT 06001

Provider No.: 000010356

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$257.83

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



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OFFICE OF THE COMMISSIONER

November 14, 2022

Apple Rehab Cromwell
156 Berlin Road
Cromwell CT 06416

Provider No.: 000009333

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$250.12

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Apple Rehab Farmington Valley
269 Farmington Ave.
Plainville CT 06062

Provider No.: 000020298

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$256.59

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a long horizontal stroke at the end.

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000021212

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$293.22

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Apple Rehab Mystic
28 Broadway
Mystic CT 06355

Provider No.: 000010637

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$247.64

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

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STATE OF CONNECTICUT

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Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Apple Rehab Shelton Lakes
5 Lake Road
Shelton CT 06484

Provider No.: 000010173

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$272.07

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Apple Rehab Uncasville
5 Richard Brown Road
Uncasville CT 06382

Provider No.: 000021064

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$272.48

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

ARK Healthcare & Rehabilitation at Branford Hills
189 Alps Road
Branford CT 06405

Provider No.: 000009977

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$287.38

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Cc: A. Davis
S. Ouellette
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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Bayview Health Care Center
301 Rope Ferry Road
Waterford CT 06385

Provider No.: 000020503

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$289.00

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000006064

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$293.25

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
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M&S

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Commissioner



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OFFICE OF THE COMMISSIONER

November 14, 2022

Cassena Care at Norwalk
23 Prospect Avenue
Norwalk CT 06850

Provider No.: 000020016

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$325.20

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Chelsea Place Care Center
25 Lorraine Street
Hartford CT 06105

Provider No.: 000009761

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$304.41

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Cherry Brook Health Care Center
102 Dyer Avenue
Canton CT 06019

Provider No.: 000021254

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$296.38

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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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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You must comply with both 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.

Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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).

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OFFICE OF THE COMMISSIONER

November 14, 2022

Cheshire Regional Rehab Center
745 Highland Avenue
Cheshire CT 06410

Provider No.: 000010454

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$298.32

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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Chesterfields Health Care Center
132 Main Street
Chester CT 06412

Provider No.: 000006338

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$241.83

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000020032

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$309.12

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Complete Care at Harrington Court LLC
59 Harrington Court
Colchester CT 06415

Provider No.: 000008961

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$279.10

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Complete Care at Meriden Center LLC
845 Paddock Avenue
Meriden CT 06450

Provider No.: 000008995

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$248.46

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000005413

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$283.39

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Elim Park Baptist Home
140 Cook Hill Rd
Cheshire CT 06410

Provider No.: 000006668

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$303.87

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Fox Hill Center
1253 Hartford Turnpike
Rockville CT 06066

Provider No.: 000008029

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$239.50

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000020248

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$298.66

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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a large initial "D" and a stylized "S" and "G".

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Glastonbury Health Care Center
1175 Hebron Avenue
Glastonbury CT 06033

Provider No.: 000020280

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$284.66

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Golden Hill Rehab Pavilion
2028 Bridgeport Avenue
Milford CT 06460

Provider No.: 000008896

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$286.98

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000004945

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$233.72

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009647

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$235.27

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000002089

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$286.52

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000020454

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$296.84

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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OFFICE OF THE COMMISSIONER

November 14, 2022

Laurel Ridge Health Care Center
642 Danbury Road
Ridgefield CT 06877

Provider No.: 000021262

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$324.14

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000020462

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$246.32

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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November 14, 2022

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

Provider No.: 000095077

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	RHNS	\$277.90

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000020347

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$277.90

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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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 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.

Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a large initial "D" and a stylized "S" and "G".

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000021197

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$349.35

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Madison House
34 Wildwood Avenue
Madison CT 06443

Provider No.: 000021444

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$288.52

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000021428

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$295.27

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

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Commissioner



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OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000091447

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	RHNS	\$152.82

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
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DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Mystic Manor, Inc.
475 High Street
Mystic CT 06355

Provider No.: 000008391

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$271.98

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Pendleton Rehab and Nursing Center
44 Maritime Drive
Mystic CT 06355

Provider No.: 000020694

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$289.75

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

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Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000007252

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$244.90

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000021072

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$280.15

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000020363

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$316.91

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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You must comply with both 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.

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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a long horizontal stroke at the end.

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000006841

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$297.40

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

Rates are subject to further adjustment for after-discovered differences in cost filing data which may take place, generally as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, or other reasons could result in a revision to the rate or rates 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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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

The Reservoir
One Emily Way
West Hartford CT 06107

Provider No.: 000021668

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$301.94

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

The Summit at Plantsville
261 Summit Street
Plantsville CT 06479

Provider No.: 000009464

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$270.26

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Cc: A. Davis
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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

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

Provider No.: 000009555

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$343.15

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
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M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Valerie Manor
1360 Toppingford Road
Torrington CT 06790

Provider No.: 000010702

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$265.22

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Waterbury Gardens Nursing and Rehab
128 Cedar Ave
Waterbury CT 06706

Provider No.: 000020156

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$293.33

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

West River Rehab Center
245 Orange Avenue
Milford CT 06460

Provider No.: 000020925

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$324.73

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

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M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
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Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Western Rehabilitation Care Center
107 Osborne Street
Danbury CT 06810

Provider No.: 000010389

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$322.83

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Whitney Center
200 Leeder Hill Drive
Hamden CT 06517

Provider No.: 000009852

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$283.33

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Windham Health & Rehab LLC
595 Valley Street
Willimantic CT 06226

Provider No.: 000020438

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$272.49

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

Rates are subject to further adjustment for after-discovered differences in cost filing data which may take place, generally as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, or other reasons could result in a revision to the rate or rates 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 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.

Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

An Equal Opportunity/Affirmative Action Employer

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,

A handwritten signature in blue ink, appearing to read "Deidre S. Gifford". The signature is fluid and cursive, with a long horizontal stroke at the end.

Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Windsor Health and Rehab Center
581 Poquonock Avenue
Windsor CT 06095

Provider No.: 000009589

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$243.92

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

Wolcott View Manor
50 Beach Road
Wolcott CT 06716

Provider No.: 000009720

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$272.32

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

Cc: A. Davis
S. Ouellette
M&S

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Deidre S. Gifford, MD, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

November 14, 2022

WV-Parkway Pavilion
1157 Enfield Street
Enfield CT 06082

Provider No.: 000009597

Dear Provider:

The following reimbursement rates have been approved pursuant to Section 17b-340d of the Connecticut General Statutes, as amended, for State-aided residents at your facility effective for the periods indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2022-09/30/2022	CCNH	\$252.74

Previously issued rates have been revised to reflect an update to the inflation factor used in the rate calculation. The revised inflation factor is based on a more current table and reflects inflation from the mid-point of the 2019 cost year to the mid-point of the 2023 rate year. Appropriate adjustments to your payments reflecting these rate changes will be made by this Department. Enclosed you will find the rate computation reports generated from your cost report filing.

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Deidre S. Gifford, MD, MPH
Senior Advisor to the Governor for Health and Human Services
Commissioner, CT Department of Social Services

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