

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000021684

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$321.83

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

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Lt. Governor

July 31, 2025

Advanced Nursing and Rehab  
169 Davenport Avenue  
New Haven, CT 06519

Provider Number: 000000323

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$391.16

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

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July 31, 2025

Amberwoods of Farmington  
416 Colt Highway  
Farmington, CT 06032

Provider Number: 000009241

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$305.49

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

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July 31, 2025

Apple Rehab Avon  
220 Scoville Road  
Avon, CT 06001

Provider Number: 000010356

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$251.56

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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N. Godbum, DSS  
Myers and Stauffer

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

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July 31, 2025

Apple Rehab Colchester  
36 Broadway  
Colchester, CT 06415

Provider Number: 000010900

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$306.73

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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HARTFORD, CONNECTICUT 06105

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July 31, 2025

Apple Rehab Cromwell  
156 Berlin Road  
Cromwell, CT 06416

Provider Number: 000009333

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$275.29

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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N. Godbum, DSS  
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55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

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Lt. Governor

July 31, 2025

Apple Rehab Farmington Valley  
269 Farmington Ave.  
Plainville, CT 06062

Provider Number: 000020298

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$257.80

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

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**Ned Lamont**  
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**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Apple Rehab Guilford  
10 Boston Post Road  
Guilford, CT 06437

Provider Number: 000010686

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$280.91

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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HARTFORD, CONNECTICUT 06105

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**Ned Lamont**  
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Lt. Governor

July 31, 2025

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

Provider Number: 000021212

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$300.02

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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S. Ouellette, DSS,  
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Lt. Governor

July 31, 2025

Apple Rehab Middletown  
600 Highland Avenue  
Middletown, CT 06457

Provider Number: 000020172

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$276.93

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both 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 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Apple Rehab Mystic  
28 Broadway  
Mystic, CT 06355

Provider Number: 000010637

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$269.11

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020065

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$261.45

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Apple Rehab Shelton Lakes  
5 Lake Road  
Shelton, CT 06484

Provider Number: 000010173

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$292.20

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Apple Rehab Uncasville  
5 Richard Brown Road  
Uncasville, CT 06382

Provider Number: 000021064

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$285.34

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Apple Rehab West Haven  
308 Savin Avenue  
West Haven, CT 06516

Provider Number: 000021361

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$307.04

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Apple Rehabilitation Watertown  
35 Bunker Hill Road  
Watertown, CT 06795

Provider Number: 000010827

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$296.90

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009977

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$316.10

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Athena Meadowbrook LLC  
350 Salmon Brook St.  
Granby, CT 06035

Provider Number: 000020800

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$337.64

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000007724

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$355.08

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000010256

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$362.53

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000010520

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$361.80

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000021163

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$374.65

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Avery Nursing Home  
705 New Britain Avenue  
Hartford, CT 06106

Provider Number: 000007500

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$352.58

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Avon Health Center  
652 West Avon Road  
Avon, CT 06001

Provider Number: 000009381

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$352.30

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Bayview Health Care Center  
301 Rope Ferry Road  
Waterford, CT 06385

Provider Number: 000020503

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$294.97

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Bel-Air Manor  
256 New Britain Avenue  
Newington, CT 06111

Provider Number: 000021080

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$352.76

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000021387

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$389.77

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Bickford Health Care Center  
14 Main Street  
Windsor Locks, CT 06096

Provider Number: 000010074

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$289.44

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009134

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$319.69

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Bradley Home & Pavilion  
320 Colony Street  
Meriden, CT 06450

Provider Number: 000021577

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$397.50

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020826

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$335.33

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Cambridge Health and Rehabilitation Center  
2428 Easton Turnpike  
Fairfield, CT 06825

Provider Number: 000020488

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$397.00

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000006064

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$315.18

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Chelsea Place Care Center  
25 Lorraine Street  
Hartford, CT 06105

Provider Number: 000009761

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$336.43

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



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Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

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**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Cherry Brook Health Care Center  
102 Dyer Avenue  
Canton, CT 06019

Provider Number: 000021254

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$299.84

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000006577

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$343.75

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Chestelm Health Care  
534 Town Street  
Moodus, CT 06469

Provider Number: 000010298

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$321.44

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Chestelm Health Care  
534 Town Street  
Moodus, CT 06469

Provider Number: 000091793

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	RHNS	\$321.44

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000008136

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$285.37

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Coccoma Memorial Health Center  
33 Cone Avenue  
Meriden, CT 06450

Provider Number: 000020743

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$285.61

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020032

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$350.11

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Complete Care at Fox Hill LLC  
1253 Hartford Turnpike  
Rockville, CT 06066

Provider Number: 000008029

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$291.23

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000010975

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$325.08

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020355

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$273.44

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000008961

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$322.03

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Complete Care at Kimberly Hall North  
One Emerson Drive  
Windsor, CT 06095

Provider Number: 000010769

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$337.93

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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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 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Complete Care at Kimberly Hall South  
One Emerson Drive  
Windsor, CT 06095

Provider Number: 000010751

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$353.92

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000008995

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$308.46

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Complete Care at Middlebury LLC  
778 Middlebury Road  
Middlebury, CT 06762

Provider Number: 000007047

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$346.30

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Connecticut Baptist Homes  
292 Thorpe Avenue  
Meriden, CT 06450

Provider Number: 000010231

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$328.27

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009324

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$337.50

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000005413

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$287.08

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Douglas Manor  
103 North Road  
Windham, CT 06280

Provider Number: 000006932

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$343.95

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Elim Park Baptist Home  
140 Cook Hill Rd  
Cheshire, CT 06410

Provider Number: 000006668

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$335.33

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Fairview, Inc.  
235 Lestertown Road  
Groton, CT 06340

Provider Number: 000002584

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$353.07

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Frances Warde Towers  
2021 Albany Avenue  
West Hartford, CT 06117

Provider Number: 000006809

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$328.40

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Fresh River Healthcare  
96 Prospect Hill Road  
East Windsor, CT 06088

Provider Number: 000009530

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$336.21

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009969

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$256.23

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000008433

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$326.58

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020248

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$313.19

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020628

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$314.01

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000010439

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$266.88

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000008425

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$305.46

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Greenwich Woods Rehabilitation  
1165 King Street  
Greenwich, CT 06831

Provider Number: 000010934

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$253.72

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both 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 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Grimes Center  
1354 Chapel Street  
New Haven, CT 06511

Provider Number: 000020272

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$397.69

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009902

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$316.00

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009647

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$270.30

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Havencare at Filosa  
13 Hakim Street  
Danbury, CT 06810

Provider Number: 000004614

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$424.97

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Havencare at Hancock Hall  
31 Staples Street  
Danbury, CT 06810

Provider Number: 000021858

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$408.60

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Hebrew Home  
1 Abrahms Boulevard  
West Hartford, CT 06117

Provider Number: 000000927

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$369.89

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000005876

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$303.96

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Ingraham Manor  
400 North Main Street  
Bristol, CT 06010

Provider Number: 000020561

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$303.54

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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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 grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020454

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$344.49

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Jefferson House  
1 John Stewart Drive  
Newington, CT 06111

Provider Number: 000009936

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$384.00

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Jerome Home, The  
975 Corbin Avenue  
New Britain, CT 06052

Provider Number: 000020652

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$377.94

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020462

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$260.55

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

LiveWell Connecticut  
1261 South Main Street  
Plantsville, CT 06479

Provider Number: 000020933

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$399.44

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009688

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$357.33

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Ludlowe Center  
118 Jefferson Street  
Fairfield, CT 06432

Provider Number: 000006080

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$433.99

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000006999

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$320.52

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000008417

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$344.41

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000021329

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$356.04

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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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 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009407

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$349.94

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000021056

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$317.66

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020511

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$340.84

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Masonicare at Bishop Wicke Health & Rehab Center Inc.  
584 Long Hill Avenue  
Shelton, CT 06484

Provider Number: 000008128

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$334.87

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



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Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Masonicare Health Center  
22 Masonic Avenue  
Wallingford, CT 06492

Provider Number: 000001198

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$365.88

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Matulaitis Nursing Home  
10 Thurber Rd.  
Putnam, CT 06260

Provider Number: 000009894

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$289.88

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

McLean Health Center  
75 Great Pond Road  
Simsbury, CT 06070

Provider Number: 000008847

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$361.20

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000010561

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$372.20

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Monsignor Bojnowski Manor  
50 Pulaski Street  
New Britain, CT 06053

Provider Number: 000009332

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$296.60

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Mozaic Senior Life  
4200 Park Avenue  
Bridgeport, CT 06604

Provider Number: 000009233

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$404.76

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Mystic Manor, Inc.  
475 High Street  
Mystic, CT 06355

Provider Number: 000008391

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$295.41

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Nathaniel Witherell  
70 Parsonage Road  
Greenwich, CT 06830

Provider Number: 000005645

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$384.43

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000008177

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$363.37

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000010488

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$315.92

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009266

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$319.29

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Noble Horizons  
17 Cobble Road  
Salisbury, CT 06068

Provider Number: 000009365

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$387.88

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Northbridge Health Care Center  
2875 Main Street  
Bridgeport, CT 06606

Provider Number: 000010835

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$337.99

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Norwalk Care Center LLC  
23 Prospect Avenue  
Norwalk, CT 06850

Provider Number: 000020016

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$372.26

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000008599

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$293.86

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000002865

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$317.21

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000004978

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$336.31

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Parkville Care Center, LLC  
5 Greenwood Street  
Hartford, CT 06106

Provider Number: 000020081

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$348.44

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



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Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Pendleton Rehab and Nursing Center  
44 Maritime Drive  
Mystic, CT 06355

Provider Number: 000020694

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$304.48

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000006007

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$314.42

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Pilgrim Manor  
52 Missionary Road  
Cromwell, CT 06416

Provider Number: 000007260

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$274.34

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000008714

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$307.72

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009084

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$364.98

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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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 grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009431

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$324.40

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000010009

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$369.99

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Saint Josephs Living Center  
14 Club Road  
Windham, CT 06280

Provider Number: 000020397

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$344.65

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Saint Joseph's Residence  
1365 Enfield Street  
Enfield, CT 06082

Provider Number: 000009019

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$369.91

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020412

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$330.72

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000007252

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$263.70

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Seabury Health Center  
200 Seabury Drive  
Bloomfield, CT 06002

Provider Number: 000021030

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$335.84

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Sheriden Woods Health Care Center  
321 Stonecrest Drive  
Bristol, CT 06010

Provider Number: 000020040

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$292.07

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Silver Springs Care Center  
33 Roy Street  
Meriden, CT 06450

Provider Number: 000010660

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$333.62

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Skyview Rehab and Nursing  
35 Marc Drive  
Wallingford, CT 06492

Provider Number: 000007427

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$322.05

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Southington Care Center  
45 Meriden Avenue  
Southington, CT 06489-3213

Provider Number: 000020602

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$341.37

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000008508

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$376.02

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020363

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$312.75

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000006841

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$321.56

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Stamford Care Center LLC  
53 Courtland Avenue  
Stamford, CT 06902

Provider Number: 000010843

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$345.05

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000004606

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$321.00

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

The Pines at Bristol  
61 Bellevue Avenue  
Bristol, CT 06010

Provider Number: 000009043

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$335.16

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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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 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

The Villa at Stamford  
88 Rockrimmon Road  
Stamford, CT 06903

Provider Number: 000007161

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$406.60

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Torrington Center for Nursing & Rehab LLC  
80 Fem Drive  
Torrington, CT 06790

Provider Number: 000009621

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$367.73

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Touchpoints at Bloomfield  
140 Park Avenue  
Bloomfield, CT 06002

Provider Number: 000010876

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$334.71

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Touchpoints at Chestnut  
171 Main Street  
East Windsor, CT 06088

Provider Number: 000023143

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$341.83

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Touchpoints at Manchester  
333 Bidwell Street  
Manchester, CT 06040

Provider Number: 000020123

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$367.83

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009555

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$357.53

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000023151

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$250.07

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009910

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$360.30

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Villa Maria Nursing & Rehabilitation  
20 Babcock Avenue  
Plainfield, CT 06374

Provider Number: 000010066

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$297.38

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000008771

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$326.85

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020256

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$347.13

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009001

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$362.10

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000020975

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$355.38

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

September 11, 2025

Waveny Care Center  
3 Farm Road  
New Canaan, CT 06840

Provider Number: 000009423

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$410.86

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. The previously issued rate effective July 1, 2025, has been revised to correctly account for the licensed bed capacity in the calculation of the 3% targeted rate increase. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

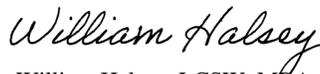
Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



William Halsey, LCSW, MBA  
Medicaid Director, CT Department of Social Services

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

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009738

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$336.90

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000010926

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$354.54

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Westview Health Care Center  
150 Ware Road  
Dayville, CT 06241

Provider Number: 000009308

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$348.00

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000009951

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$337.01

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both 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 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Whitney Center  
200 Leeder Hill Drive  
Hamden, CT 06517

Provider Number: 000009852

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$314.41

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Whitney Rehabilitation Care Center  
2798 Whitney Avenue  
Hamden, CT 06518

Provider Number: 000009027

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$327.01

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Wilton Meadows Health Care Center  
439 Danbury Road  
Wilton, CT 06897

Provider Number: 000020321

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$362.43

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Windham Health & Rehab LLC  
595 Valley Street  
Willimantic, CT 06226

Provider Number: 000020438

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$326.37

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Windsor Health and Rehab Center  
581 Poquonock Avenue  
Windsor, CT 06095

Provider Number: 000009589

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$250.94

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

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

Provider Number: 000010967

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$269.20

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Woodlake at Tolland  
26 Shenipsit Lake Road  
Tolland, CT 06084

Provider Number: 000020991

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$420.85

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

WV-Parkway Pavilion  
1157 Enfield Street  
Enfield, CT 06082

Provider Number: 000009597

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$279.57

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Arden Care Center  
850 Mix Avenue  
Hamden, CT 06514

Provider Number: 000020371

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$332.08

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Autumn Lake Healthcare at Madison LLC  
34 Wildwood Avenue  
Madison, CT 06443

Provider Number: 000021444

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$315.34

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Autumn Lake Healthcare at the Willows LLC  
225 Amity Road  
Woodbridge, CT 06525

Provider Number: 000020553

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$347.18

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Autumn Lake Healthcare at West Hartford LLC  
One Emily Way  
West Hartford, CT 06107

Provider Number: 000021668

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$372.90

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Civita Care Center at Cheshire  
745 Highland Avenue  
Cheshire, CT 06410

Provider Number: 000010454

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$326.86

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Civita Care Center at Danbury  
107 Osborne Street  
Danbury, CT 06810

Provider Number: 000010389

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$348.95

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Civita Care Center at Long Ridge  
710 Long Ridge Road  
Stamford, CT 06902

Provider Number: 000021197

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$402.62

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Civita Care Center at Milford  
2028 Bridgeport Avenue  
Milford, CT 06460

Provider Number: 000008896

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$298.94

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Civita Care Center at Newington  
240 Church Street  
Newington, CT 06111

Provider Number: 000010397

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$349.01

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Civita Care Center at West River  
245 Orange Avenue  
Milford, CT 06460

Provider Number: 000020925

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$352.73

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Danbury Care Center  
33 Lincoln Ave.  
Danbury, CT 06810

Provider Number: 000010678

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$293.64

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Glastonbury Center for Health & Rehabilitation  
1175 Hebron Avenue  
Glastonbury, CT 06033

Provider Number: 000020280

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$397.66

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Meriden Health and Rehab  
360 Broad Street  
Meriden, CT 06450

Provider Number: 000009928

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$325.87

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Montowese Center for Health & Rehabilitation  
163 Quinnipiac Avenue  
North Haven, CT 06473

Provider Number: 000010157

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$436.64

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Shady Knoll Center for Health & Rehabilitation  
41 Skokorat Street  
Seymour, CT 06483

Provider Number: 000021072

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$350.18

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Stone Bridge Center for Health & Rehabilitation  
139 Toddy Hill Road  
Newtown, CT 06470

Provider Number: 000010207

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$445.42

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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

You must comply with both 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 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Suffield House Rehabilitation and Healthcare Center  
1 Canal Road  
Suffield, CT 06078

Provider Number: 000020751

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$317.24

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Summit at Plantsville Center for Health & Rehabilitation  
261 Summit Street  
Plantsville, CT 06479

Provider Number: 000009464

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$331.10

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Village Green Rehabilitation and Healthcare Center  
23 Fair Street  
Forestville, CT 06010

Provider Number: 000020164

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$305.55

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Beacon Brook Center for Health & Rehabilitation  
89 Weid Drive  
Naugatuck, CT 06770

Provider Number: 000021238

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$381.56

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Evergreen Center for Health & Rehabilitation  
205 Chestnut Hill Road  
Stafford Springs, CT 06076

Provider Number: 000020529

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$370.34

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Laurel Ridge Center for Health & Rehabilitation  
642 Danbury Road  
Ridgefield, CT 06877

Provider Number: 000021262

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$386.53

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Maefair Center for Health & Rehabilitation  
21 Maefair Court  
Trumbull, CT 06611

Provider Number: 000021428

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$366.79

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Sharon Center for Health & Rehabilitation  
27 Hospital Hill Road  
Sharon, CT 06069

Provider Number: 000020941

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$456.23

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

August 15, 2025

Havencare at Litchfield Woods  
225 Roberts Street  
Torrington, CT 06790

Provider Number: 000020347

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$340.14

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

August 15, 2025

Havencare at Valerie Manor  
1360 Tarringford Road  
Torrington, CT 06790

Provider Number: 000010702

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$338.59

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

August 20, 2025

Autumn Lake Healthcare at Glen Hill  
1 Glen Hill Road  
Danbury, CT 06810

Provider Number: 000007153

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$330.19

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. The previously issued rate effective July 1, 2025, has been revised to correctly account for the 3% targeted rate increase. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

August 20, 2025

Westside Care Center  
349 Bidwell Street  
Manchester, CT 06040

Provider Number: 000007807

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$360.15

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. The previously issued rate effective July 1, 2025, has been revised to correctly account for changes in the licensed bed capacity. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

Please note, the statewide average Medicaid CMI increased 12.99% from 2022 Quarter 1 to 2025 Quarter 1 and therefore the case mix neutrality factor was applied to the above reimbursement rate. Quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

55 FARMINGTON AVENUE  
HARTFORD, CONNECTICUT 06105

[ct.gov/dss](http://ct.gov/dss)



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Leeway  
40 Albert Street  
New Haven, CT 06511

Provider Number: 000042169

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$476.68

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,

Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Ludlow Center  
118 Jefferson Street  
Fairfield, CT 06432

Provider Number: 008124324

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$782.58

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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

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

You must comply with both 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 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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

Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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

**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

SecureCare Options, LLC  
60 West Street  
Rocky Hill, CT 06067

Provider Number: 008046363

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$404.48

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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

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

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9<sup>th</sup> floor, Hartford, CT 06105, or [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov).

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Sincerely,



Andrea Barton Reeves, J.D.  
Commissioner, CT Department of Social Services

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



**Andrea Barton Reeves, J.D.**  
Commissioner.

**Ned Lamont**  
Governor  
**Susan Bysiewicz**  
Lt. Governor

July 31, 2025

Village Green Rehabilitation and Healthcare Center  
23 Fair Street  
Forestville, CT 06010

Provider Number: 000520165

Dear Provider:

For the period of July 1, 2025, through June 30, 2026, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2025 – 06/30/2026	CCNH	\$655.29

Pursuant to Public Act 25-168, rates are inclusive of a 3% targeted rate increase in accordance with the nursing strike settlement. Pursuant to Public Act 25-168, there shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2026. The July 1, 2025, rates include fair rent increases based on fair rental additions reported in the 2024 Annual Reports.

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

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Sincerely,

Andrea Barton Reeves, J.D.  
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