

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Ability Beyond Disability
The Leir Pavilion
Bethel CT 06801

RE: ABD-25A Grand Street
Facility#: DSLA.280007
Vendor ID#: 47890

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.50	\$1,657.71

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Ability Beyond Disability
The Leir Pavilion
Bethel CT 06801

RE: ABD-25B Grand Street
Facility#: DSLA.280008
Vendor ID#: 47891

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 26.43	\$ 803.91

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Ability Beyond Disability
The Leir Pavilion
Bethel CT 06801

RE: ABD-Blackman Rd.
Facility#: 63681
Vendor ID#: 11524

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.16	\$1,251.95

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Ability Beyond Disability
The Leir Pavilion
Bethel CT 06801

RE: ABD-Cheryl Lane
Facility#: 631079
Vendor ID#: 45865

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 76.91	\$2,339.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Ability Beyond Disability
The Leir Pavilion
Bethel CT 06801

RE: ABD-Clapboard Ridge
Facility#: 631179
Vendor ID#: 46629

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.85	\$1,272.94

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Ability Beyond Disability
The Leir Pavilion
Bethel CT 06801

RE: ABD-Great Plain Rd
Facility#: DSLA.280124
Vendor ID#: 43711

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 44.99	\$1,368.45

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Ability Beyond Disability
The Leir Pavilion
Bethel CT 06801

RE: ABD-Harbor Ridge Rd.
Facility#: DSLA.280125
Vendor ID#: 46498

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.51	\$1,323.43

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Ability Beyond Disability
The Leir Pavilion
Bethel CT 06801

RE: ABD-North Pleasant Rise
Facility#: 002169
Vendor ID#: 48044

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.57	\$1,629.42

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Ability Beyond Disability
The Leir Pavilion
Bethel CT 06801

RE: ABD-Shepherd Hill Condos
Facility#: 63244
Vendor ID#: 1180

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.79	\$1,149.45

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Ability Beyond Disability
The Leir Pavilion
Bethel CT 06801

RE: ABD-Sunrise Cottage (Sunset Lane)
Facility#: DSLA#280013
Vendor ID#: 47830

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.25	\$1,072.19

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Ability Beyond Disability
The Leir Pavilion
Bethel CT 06801

RE: ABD-Tamany Trail
Facility#: 63817
Vendor ID#: 28743

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.86	\$1,820.74

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-101 Orchard St.
Facility#: 64976
Vendor ID#: 45232

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.60	\$1,387.00

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-12 Orchard Street
Facility#: 63749
Vendor ID#: 19147

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 25.32	\$ 770.15

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-52 Glenville St
Facility#: 63964
Vendor ID#: 42740

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 26.34	\$ 801.18

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-East Elm Street
Facility#: 63284
Vendor ID#: 1193

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.44	\$ 743.38

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-Fieldstone Rd
Facility#: 631207
Vendor ID#: 47015

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 66.33	\$2,017.54

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-Glenbrook Rd A
Facility#: 63506
Vendor ID#: 1118

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.27	\$1,224.88

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-Glenbrook Rd B
Facility#: 63507
Vendor ID#: 1117

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.94	\$1,184.43

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-Hoyt St 1B
Facility#: 63582
Vendor ID#: 5313

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.37	\$ 862.92

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-Hoyt St 1C
Facility#: 63581
Vendor ID#: 5312

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.45	\$ 956.60

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-Sanford Lane
Facility#: 631297
Vendor ID#: 47486

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.15	\$1,434.15

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-Summer Street
Facility#: 63723
Vendor ID#: 15379

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.20	\$1,435.67

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-Turn of River Rd.
Facility#: 631067
Vendor ID#: 45710

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 67.42	\$2,050.69

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-Very Merry
Facility#: DSLA.280090
Vendor ID#: 48089

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 76.65	\$2,331.44

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Abilis
50 Glenville St
Greenwich CT 06831

RE: Abilis-Victoria Lane
Facility#: DSLA.280091
Vendor ID#: 48090

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 69.86	\$2,124.91

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ACORD, Inc.
7 Barnes Industrial Road S
Wallingford CT 06492

RE: ACORD-198 Maple (MCC)
Facility#: 63937
Vendor ID#: 41284

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.10	\$1,615.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ACORD, Inc.
7 Barnes Industrial Road S
Wallingford CT 06492

RE: ACORD-200 Maple (SCC)
Facility#: 63936
Vendor ID#: 41285

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.10	\$1,615.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ACORD, Inc.
7 Barnes Industrial Road S
Wallingford CT 06492

RE: ACORD-Milford Point Road
Facility#: 64928
Vendor ID#: 44586

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.68	\$1,815.27

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ACORD, Inc.
7 Barnes Industrial Road S
Wallingford CT 06492

RE: ACORD-Overlook Dr.
Facility#: 631006
Vendor ID#: 45434

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 88.26	\$2,684.58

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ACORD, Inc.
7 Barnes Industrial Road S
Wallingford CT 06492

RE: ACORD-Third Avenue
Facility#: 63841
Vendor ID#: 30479

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.47	\$1,170.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Adelbrook Community Services Inc.
600 Corporate Row
Cromwell CT 06416

RE: Adelbrook-Main Street
Facility#: DSLA.280011
Vendor ID#: 47800

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 70.93	\$2,157.45

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Allied Rehabilitation Centers
3 Pearson Way
Enfield CT 06082

RE: Allied Rehab Ctrs-Ash Rd.
Facility#: 63711
Vendor ID#: 14242

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.27	\$ 951.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Allied Rehabilitation Centers
3 Pearson Way
Enfield CT 06082

RE: Allied Rehab Ctrs-Crestview Cr.
Facility#: 63426
Vendor ID#: 2842

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.67	\$ 719.96

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Allied Rehabilitation Centers
3 Pearson Way
Enfield CT 06082

RE: Allied Rehab Ctrs-Debbie Ln
Facility#: 63610
Vendor ID#: 8208

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.89	\$ 726.65

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Allied Rehabilitation Centers
3 Pearson Way
Enfield CT 06082

RE: Allied Rehab Ctrs-Powder Ridge Rd
Facility#: DSLA.280065
Vendor ID#: 48025

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.10	\$1,006.79

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-Bittersweet Dr.
Facility#: 64938
Vendor ID#: 44762

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.00	\$1,095.00

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-Center Street
Facility#: 63542
Vendor ID#: 2475

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.83	\$ 755.25

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-Granite Road
Facility#: 63629
Vendor ID#: 8985

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 44.89	\$1,365.40

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-Haywardville CLA
Facility#: 631065
Vendor ID#: 45887

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.52	\$1,688.73

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-Kitemaug Rd
Facility#: 63851
Vendor ID#: 32067

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.58	\$1,447.23

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-Ledge Road
Facility#: 63564
Vendor ID#: 2479

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.35	\$1,014.40

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-Mile Creek Road
Facility#: 63549
Vendor ID#: 2477

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.59	\$ 900.03

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-Miller Rd. CLA
Facility#: 631063
Vendor ID#: 45687

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 49.26	\$1,498.33

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-New London Rd. CLA
Facility#: 64970
Vendor ID#: 45187

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 60.94	\$1,853.59

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-Old Voluntown Rd.
Facility#: 631077
Vendor ID#: 45886

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 63.52	\$1,932.07

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-Ridgecrest Circle
Facility#: 63713
Vendor ID#: 14280

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.14	\$1,038.43

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-Robin Road
Facility#: 63710
Vendor ID#: 14241

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.23	\$1,314.91

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternative Services, Inc.
84 Linwood Ave-Suite B
Colchester CT 06415

RE: Alternative Svcs-West Road
Facility#: 631055
Vendor ID#: 45609

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 63.65	\$1,936.02

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternatives, Inc.
558 Maple Avenue
Cheshire CT 06410-0766

RE: Alternatives, Inc-Goldbach Drive
Facility#: 63832
Vendor ID#: 29571

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.97	\$1,459.09

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternatives, Inc.
558 Maple Avenue
Cheshire CT 06410-0766

RE: Alternatives, Inc-Longview CLA
Facility#: 63989
Vendor ID#: 43333

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.34	\$1,409.51

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternatives, Inc.
558 Maple Avenue
Cheshire CT 06410-0766

RE: Alternatives, Inc-Middlebrook
Facility#: 63834
Vendor ID#: 29573

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 62.95	\$1,914.73

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Alternatives, Inc.
558 Maple Avenue
Cheshire CT 06410-0766

RE: Alternatives, Inc-Redwood Dr.
Facility#: 64917
Vendor ID#: 44601

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 61.03	\$1,856.33

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Albacore Dr
Facility#: 63280043
Vendor ID#: 47918

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.25	\$1,254.69

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Cedar St
Facility#: 63280044
Vendor ID#: 47919

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.59	\$1,112.95

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Center Groton Rd
Facility#: 63280045
Vendor ID#: 47920

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.29	\$1,316.74

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Chesterfield Rd
Facility#: 63280046
Vendor ID#: 47921

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 10.59	\$ 322.11

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Harbor Rd
Facility#: 63280047
Vendor ID#: 47922

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 52.77	\$1,605.09

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Hillcrest Rd
Facility#: 63280048
Vendor ID#: 47923

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 26.49	\$ 805.74

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Lady Slipper Lan
Facility#: 63280049
Vendor ID#: 47924

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.67	\$1,024.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Lafantasie Rd
Facility#: 63280055
Vendor ID#: 47930

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.57	\$1,629.42

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Michelle Dr
Facility#: 63280050
Vendor ID#: 47925

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.49	\$1,231.57

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Pennsylvania Ave
Facility#: 63280051
Vendor ID#: 47926

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 26.90	\$ 818.21

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Pepperbox Rd
Facility#: 63280052
Vendor ID#: 47927

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.01	\$ 730.30

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Pomfret St
Facility#: 63280057
Vendor ID#: 47933

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.97	\$ 911.59

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Rogers Rd
Facility#: 63280053
Vendor ID#: 47930

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.62	\$ 870.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Savi Ave
Facility#: 63280058
Vendor ID#: 47928

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.23	\$ 889.08

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Tamarck Circle
Facility#: 63280056
Vendor ID#: 47932

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 64.09	\$1,949.40

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Eastern Connecticut
125 Sachem St
Norwich CT 06360

RE: ARC of Eastern CT - Woodridge Circl
Facility#: 63280054
Vendor ID#: 47929

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.48	\$ 957.52

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Farmington Valley
225 Commerce Center Drive PO
Canton CT 06019-1099

RE: ARC of Farmington Valley-Alleluia House
(Avon Mt. Rd.)
Facility#: 63267
Vendor ID#: 1186

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.32	\$1,013.48

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Farmington Valley
225 Commerce Center Drive PO
Canton CT 06019-1099

RE: ARC of Farmington Valley-Barret GH
(Juniper Lane)
Facility#: 63743
Vendor ID#: 17896

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 21.38	\$ 650.31

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Farmington Valley
225 Commerce Center Drive PO
Canton CT 06019-1099

RE: ARC of Farmington Valley-Country Club
Road
Facility#: 631196
Vendor ID#: 46937

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 74.50	\$2,266.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Farmington Valley
225 Commerce Center Drive PO
Canton CT 06019-1099

RE: ARC of Farmington Valley-Main Street
Facility#: 64014
Vendor ID#: 43883

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.12	\$1,250.73

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Farmington Valley
225 Commerce Center Drive PO
Canton CT 06019-1099

RE: ARC of Farmington Valley-Middle Rd.
Facility#: 64005
Vendor ID#: 43748

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.15	\$1,403.73

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Farmington Valley
225 Commerce Center Drive PO
Canton CT 06019-1099

RE: ARC of Farmington Valley-Sunset Hill
Facility#: 63771
Vendor ID#: 23233

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.74	\$ 904.59

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Southington, Inc
201 West Main Street
Plantsville CT 06479

RE: ARC of Southington-Curve Hill Rd
Facility#: 63884
Vendor ID#: 39582

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.00	\$1,520.83

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Southington, Inc
201 West Main Street
Plantsville CT 06479

RE: ARC of Southington-Juniper Lane
Facility#: 63883
Vendor ID#: 39581

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.86	\$1,668.66

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Southington, Inc
201 West Main Street
Plantsville CT 06479

RE: ARC of Southington-Michaels Way
Facility#: 64948
Vendor ID#: 44823

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 80.08	\$2,435.77

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Southington, Inc
201 West Main Street
Plantsville CT 06479

RE: ARC of Southington-Summer Street
Facility#: 63123
Vendor ID#: 1347

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.13	\$ 825.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Southington, Inc
201 West Main Street
Plantsville CT 06479

RE: ARC of Southington-Watrous Farm Rd.
Facility#: 64968
Vendor ID#: 45104

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 68.76	\$2,091.45

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Southington, Inc
201 West Main Street
Plantsville CT 06479

RE: ARC of Southington-West Street
Facility#: 63417
Vendor ID#: 1361

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 32.12	\$ 976.98

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARC of Southington, Inc
201 West Main Street
Plantsville CT 06479

RE: ARC of Southington-Woodruff Street
Facility#: 63170
Vendor ID#: 1348

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.76	\$1,057.28

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARI of Connecticut, Inc.
174 Richmond Hill Avenue
Stamford CT 06902

RE: ARI-Lotstein GH (First St.)
Facility#: 63891
Vendor ID#: 40410

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.24	\$ 919.80

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARI of Connecticut, Inc.
174 Richmond Hill Avenue
Stamford CT 06902

RE: ARI-Palermo G.H (Newfield Ave.)
Facility#: 64946
Vendor ID#: 44883

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.63	\$1,205.41

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARI of Connecticut, Inc.
174 Richmond Hill Avenue
Stamford CT 06902

RE: ARI-Tally Ho Lane
Facility#: 64044
Vendor ID#: 44259

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.69	\$1,420.15

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

ARI of Connecticut, Inc.
174 Richmond Hill Avenue
Stamford CT 06902

RE: ARI-Truglia House (Hazelwood Ln)
Facility#: 63890
Vendor ID#: 40409

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 32.29	\$ 982.15

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Aspire Living & Learning
538 Preston Avenue
Meriden CT 06450

RE: Aspire-1881 Litchfield Tpke
Facility#: 63493
Vendor ID#: 2095

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.36	\$1,166.78

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Aspire Living & Learning
538 Preston Avenue
Meriden CT 06450

RE: Aspire-Artillery Road
Facility#: 63391
Vendor ID#: 189

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.33	\$1,287.54

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Aspire Living & Learning
538 Preston Avenue
Meriden CT 06450

RE: Aspire-Bethmour Road
Facility#: 63474
Vendor ID#: 2069

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.10	\$1,098.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Aspire Living & Learning
538 Preston Avenue
Meriden CT 06450

RE: Aspire-Cromwell(Ridge Road)
Facility#: 631223
Vendor ID#: 47069

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.66	\$1,692.99

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Aspire Living & Learning
538 Preston Avenue
Meriden CT 06450

RE: Aspire-Davis Avenue
Facility#: 63365
Vendor ID#: 1222

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.55	\$1,811.31

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Aspire Living & Learning
538 Preston Avenue
Meriden CT 06450

RE: Aspire-Glen Parkway
Facility#: 63438
Vendor ID#: 1225

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.36	\$1,258.03

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Aspire Living & Learning
538 Preston Avenue
Meriden CT 06450

RE: Aspire-Lincoln Avenue
Facility#: 631237
Vendor ID#: 47189

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 64.68	\$1,967.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Aspire Living & Learning
538 Preston Avenue
Meriden CT 06450

RE: Aspire-Middlebury Road
Facility#: 63720
Vendor ID#: 14590

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 51.71	\$1,572.85

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Aspire Living & Learning
538 Preston Avenue
Meriden CT 06450

RE: Aspire-Oak Ridge Dr.
Facility#: 64930
Vendor ID#: 44602

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 111.78	\$3,399.98

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Aspire Living & Learning
538 Preston Avenue
Meriden CT 06450

RE: Aspire-Old Mill Rd.
Facility#: 64037
Vendor ID#: 44182

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 61.52	\$1,871.23

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Aspire Living & Learning
538 Preston Avenue
Meriden CT 06450

RE: Aspire-Peter's Lane
Facility#: 64026
Vendor ID#: 44090

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 66.46	\$2,021.49

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Aspire Living & Learning
538 Preston Avenue
Meriden CT 06450

RE: Aspire-Rowley Road
Facility#: 63499
Vendor ID#: 2070

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.68	\$1,085.27

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

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

RE: Benhaven-Blue Trail
Facility#: DSLA.280018
Vendor ID#: 47843

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 84.17	\$2,560.17

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

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

RE: Benhaven-Johnson House (187 Half Mile Rd)
Facility#: 64161
Vendor ID#: 45133

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.27	\$1,620.30

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

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

RE: Benhaven-Marlen Drive
Facility#: 63735
Vendor ID#: 17318

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 78.12	\$2,376.15

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

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

RE: Benhaven-Nakash (187 Half Mile)
Facility#: 63895
Vendor ID#: 40636

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.12	\$1,129.07

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

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

RE: Benhaven-Northside (141 Half Mile)
Facility#: 63896
Vendor ID#: 40637

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 51.29	\$1,560.07

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

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

RE: Benhaven-Old Coach Highway
Facility#: DSLA.280088
Vendor ID#: 48067

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 80.07	\$2,435.46

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

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

RE: Benhaven-Oliver Road
Facility#: 63686
Vendor ID#: 11749

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.46	\$1,656.49

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Brian House, Inc.
P.O. Box 134
Chester CT 06412

RE: Brian House-242 Winthrop Rd. G.H. (MCC)
Facility#: 63268
Vendor ID#: 1130

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.62	\$1,205.11

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Brian House, Inc.
P.O. Box 134
Chester CT 06412

RE: Brian House-573 Winthrop Rd. G.H. (SCC)
Facility#: 63916
Vendor ID#: 40659

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.62	\$1,205.11

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Brian House, Inc.
P.O. Box 134
Chester CT 06412

RE: Brian House-Brian House
Facility#: 63133
Vendor ID#: 1125

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.56	\$1,020.78

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Brian House, Inc.
P.O. Box 134
Chester CT 06412

RE: Brian House-Clarke House
Facility#: 63159
Vendor ID#: 1126

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.71	\$1,147.01

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Brian House, Inc.
P.O. Box 134
Chester CT 06412

RE: Brian House-County Road Group Home
Facility#: 63236
Vendor ID#: 1127

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.44	\$1,077.97

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Brian House, Inc.
P.O. Box 134
Chester CT 06412

RE: Brian House-Newberry Road
Facility#: 63539
Vendor ID#: 2474

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.20	\$1,040.25

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Brian House, Inc.
P.O. Box 134
Chester CT 06412

RE: Brian House-Norwich/Salem Road
Facility#: 63595
Vendor ID#: 6119

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.81	\$ 906.72

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Brian House, Inc.
P.O. Box 134
Chester CT 06412

RE: Brian House-Old Depot Road
Facility#: 63198
Vendor ID#: 1128

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 44.16	\$1,343.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Brian House, Inc.
P.O. Box 134
Chester CT 06412

RE: Brian House-Town Street
Facility#: 63259
Vendor ID#: 1129

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.09	\$ 884.82

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Bristol Adult Resource Center, Inc.
P.O. Box 726
Bristol CT 06010

RE: Bristol ARC-Boy Street
Facility#: 631139
Vendor ID#: 46321

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.89	\$ 848.32

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Bristol Adult Resource Center, Inc.
P.O. Box 726
Bristol CT 06010

RE: Bristol ARC-Peck Lane
Facility#: 63164
Vendor ID#: 1120

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 22.57	\$ 686.50

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Bristol Adult Resource Center, Inc.
P.O. Box 726
Bristol CT 06010

RE: Bristol ARC-Redstone Hill Road
Facility#: 631206
Vendor ID#: 47124

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.55	\$1,081.31

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Bess House-Middletown
Road
Facility#: DSLA.280019
Vendor ID#: 47853

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.69	\$1,085.57

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Diana's House (Burnham Rd.)
Facility#: 631024
Vendor ID#: 45450

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.28	\$1,529.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Donna O'Hora House
Shulman Veselak Road
Facility#: 631272
Vendor ID#: 47341

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.99	\$1,642.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Drew House/833 Rt 32
Facility#: 64023
Vendor ID#: 44032

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 49.43	\$1,503.50

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-duPree House (Stone
Ridge Road)
Facility#: 631184
Vendor ID#: 46673

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.08	\$1,614.52

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Elizabeth August House
(VanCedarfield Rd.)
Facility#: 631107
Vendor ID#: 46007

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.83	\$1,667.75

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Figdore House (Briarwood
Dr.)
Facility#: 64947
Vendor ID#: 44845

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 67.65	\$2,057.69

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Fitch House (Mill Road)
Facility#: 631266
Vendor ID#: 47319

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.51	\$1,658.01

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Helen Gay (Reservoir Rd)
Facility#: 63210
Vendor ID#: 1137

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 32.87	\$ 999.80

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Hoffman House
(Waterhole Rd)
Facility#: 63216
Vendor ID#: 1136

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 32.10	\$ 976.38

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Laurie House(Trumbu
Facility#: DSLA.280092
Vendor ID#: 48066

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.29	\$1,620.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Nancy Riley House
(Arrowhead Rd)
Facility#: 63677
Vendor ID#: 11401

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.55	\$ 837.98

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Neal House (Olinick Rd)
Facility#: 63231
Vendor ID#: 1135

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.36	\$1,288.45

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Paiva House (Alice St)
Facility#: 63262
Vendor ID#: 1138

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.47	\$1,687.21

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Rashida House (Skyline
Dr)
Facility#: 63678
Vendor ID#: 11402

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.40	\$1,046.33

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Scott Hill Rd. (Sylvia
House)
Facility#: 64969
Vendor ID#: 45120

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.92	\$1,700.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Tryon Street
Facility#: 61457
Vendor ID#: 47148

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.51	\$1,232.18

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Van Cedarfield (110)
Clare Cashman
Facility#: 631191
Vendor ID#: 45981

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.73	\$1,725.54

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Caring Community of CT, Inc.
Fotheringhay Farms 84 Waterh
Colchester CT 06415

RE: Caring Community-Wood Acres Rd. (Davis
House)
Facility#: 64931
Vendor ID#: 44648

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 52.32	\$1,591.40

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Catholic Charities
839-841 Aslym Avenue
Hartford CT 06105

RE: Catholic Charities-Bloomfield Ave.
Facility#: 64036
Vendor ID#: 44172

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.98	\$1,428.98

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Catholic Charities
839-841 Aslym Avenue
Hartford CT 06105

RE: Catholic Charities-Brittany Farms
Facility#: 63529
Vendor ID#: 2088

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.17	\$ 948.09

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Catholic Charities
839-841 Aslym Avenue
Hartford CT 06105

RE: Catholic Charities-Plainville Ave (Ranch A)
Facility#: 63628
Vendor ID#: 8986

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 32.21	\$ 979.72

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Catholic Charities
839-841 Aslym Avenue
Hartford CT 06105

RE: Catholic Charities-Plymouth Rd-Somers
Facility#: 63739
Vendor ID#: 17412

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.22	\$ 888.78

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Catholic Charities
839-841 Aslym Avenue
Hartford CT 06105

RE: Catholic Charities-Tamarack Dr 23 (Mill
Pond)
Facility#: 63443
Vendor ID#: 1142

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.79	\$ 754.03

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Catholic Charities
839-841 Aslym Avenue
Hartford CT 06105

RE: Catholic Charities-Tamarack Dr 25 (Mill
Pond)
Facility#: 63439
Vendor ID#: 1141

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 21.84	\$ 664.30

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Catholic Charities
839-841 Aslym Avenue
Hartford CT 06105

RE: Catholic Charities-Windsor (Poquonock)
Facility#: 64973
Vendor ID#: 45150

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.77	\$1,818.00

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Catholic Charities
839-841 Aslym Avenue
Hartford CT 06105

RE: Catholic Charities-Worthington Ridge
Facility#: 63280059
Vendor ID#: 47959

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 58.37	\$1,775.42

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CCARC
950 Slater Road
New Britain CT 06053

RE: Central CT ARC-251-A Osgood Ave. (MCC)
Facility#: 64002
Vendor ID#: 43688

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.56	\$1,416.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CCARC
950 Slater Road
New Britain CT 06053

RE: Central CT ARC-251-B Osgood Ave. (SCC)
Facility#: 64003
Vendor ID#: 43698

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.56	\$1,416.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CCARC
950 Slater Road
New Britain CT 06053

RE: Central CT ARC-Birchwood Dr.
Facility#: 631044
Vendor ID#: 45540

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.36	\$1,318.87

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CCARC
950 Slater Road
New Britain CT 06053

RE: Central CT ARC-Birnbaum Group Home
Facility#: 63189
Vendor ID#: 1143

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.19	\$ 948.70

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CCARC
950 Slater Road
New Britain CT 06053

RE: Central CT ARC-Burlington Ave.
Facility#: 631047
Vendor ID#: 45553

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.01	\$1,216.97

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CCARC
950 Slater Road
New Britain CT 06053

RE: Central CT ARC-High Rd.
Facility#: 64012
Vendor ID#: 43864

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.51	\$1,140.93

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CCARC
950 Slater Road
New Britain CT 06053

RE: Central CT ARC-Jones Drive
Facility#: 63708
Vendor ID#: 14214

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.62	\$ 870.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CCARC
950 Slater Road
New Britain CT 06053

RE: Central CT ARC-Oakwood Drive
Facility#: 63754
Vendor ID#: 20448

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.77	\$ 905.50

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CCARC
950 Slater Road
New Britain CT 06053

RE: Central CT ARC-Old Farms Place
Facility#: DSLA.280067
Vendor ID#: 48046

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.82	\$1,150.36

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CCARC
950 Slater Road
New Britain CT 06053

RE: Central CT ARC-Plainville House (Unionville Ave.)
Facility#: 631120
Vendor ID#: 46094

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 51.60	\$1,569.50

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CCARC
950 Slater Road
New Britain CT 06053

RE: Central CT ARC-Rocky Hill Avenue
Facility#: 63126
Vendor ID#: 1145

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.15	\$ 734.56

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Children's Center of Hamden
1400 Whitney Ave
Hamden CT 06517

RE: Children's Center of Hamden-Casa Rios
Facility#: DSLA.280001
Vendor ID#: 47757

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 58.54	\$1,780.59

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-545 Bloomfield Ave. (Gillete House)
Facility#: 63725
Vendor ID#: 15934

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 51.26	\$1,559.16

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-62 Rossetto Drive (MCC)
Facility#: 63649
Vendor ID#: 10964

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.88	\$1,060.93

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-64 Rossetto Drive (SCC)
Facility#: 63650
Vendor ID#: 10965

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.88	\$1,060.93

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

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

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

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

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Adams Road
Facility#: 631262
Vendor ID#: 47300

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 84.48	\$2,569.60

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

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

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

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

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Bascom Road
Facility#: 63646
Vendor ID#: 10844

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.11	\$1,372.10

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Bear Swamp Road
Facility#: 63602
Vendor ID#: 7512

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.42	\$1,716.11

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Birchfield Dr.
Facility#: 631098
Vendor ID#: 45940

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.86	\$1,273.24

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Brewster Road
Facility#: 63870
Vendor ID#: 35455

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.41	\$1,259.55

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Brierwood Drive
Facility#: 631276
Vendor ID#: 47377

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 75.17	\$2,286.42

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Brookside Lane
Facility#: 63467
Vendor ID#: 2003

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 61.93	\$1,883.70

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Bucks Hill Rd
Facility#: 63941
Vendor ID#: 41598

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.15	\$1,160.40

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Caroline Road
Facility#: 63519
Vendor ID#: 2063

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.76	\$1,148.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Cedar St.-Newington
Facility#: 63143
Vendor ID#: 1317

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 19.55	\$ 594.65

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Clarke Road
Facility#: 63652
Vendor ID#: 11041

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.60	\$1,204.50

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Davis Group Home
Facility#: 63208
Vendor ID#: 1301

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.69	\$ 963.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Dogwood Road
Facility#: 63513
Vendor ID#: 2066

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.29	\$1,407.99

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Dyer Avenue
Facility#: 63746
Vendor ID#: 18394

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.73	\$1,390.95

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Elm St-Josephine Pace House CLA
Facility#: 63120
Vendor ID#: 1311

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.82	\$1,028.69

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Gail Dr.
Facility#: 63942
Vendor ID#: 41599

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.50	\$1,110.21

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Georgetown Heights
Facility#: 63914
Vendor ID#: 40656

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.06	\$1,066.41

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Hebron Avenue Group Home
Facility#: 63156
Vendor ID#: 1305

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 26.69	\$ 811.82

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Hickory Hill Way
Facility#: 63573
Vendor ID#: 5311

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.29	\$1,316.74

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Highland-New Hartford GH
Facility#: 63572
Vendor ID#: 4354

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.02	\$1,308.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Hill Rd.
Facility#: 63913
Vendor ID#: 40655

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.48	\$1,170.43

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Hotchkiss Rd
Facility#: 63958
Vendor ID#: 42181

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 69.84	\$2,124.30

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Lichfield Road
Facility#: 631302
Vendor ID#: 47564

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 65.20	\$1,983.17

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Mott Hill Road Group Home
Facility#: 63157
Vendor ID#: 1307

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.91	\$1,122.68

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Mount Vernon Rd. CLA
Facility#: 64924
Vendor ID#: 44603

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 48.34	\$1,470.34

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Mountain Road Group Home
Facility#: 63296
Vendor ID#: 1308

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.54	\$1,111.43

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Nepaug Group Home
Facility#: 63207
Vendor ID#: 1309

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.16	\$1,099.87

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-New Harwington Road
Facility#: 63537
Vendor ID#: 3807

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.03	\$1,308.83

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Old Colchester Road
Facility#: 63627
Vendor ID#: 8927

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.17	\$1,161.00

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Old Town Road
Facility#: 63291
Vendor ID#: 1310

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.48	\$1,292.10

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Pheasant Drive CLA
Facility#: 64029
Vendor ID#: 44127

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 44.56	\$1,355.37

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Quail Run
Facility#: 63532
Vendor ID#: 2467

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 48.95	\$1,488.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Rosewood Drive
Facility#: 63325
Vendor ID#: 1314

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.12	\$1,676.57

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Saddlebrook Path
Facility#: 63893
Vendor ID#: 40560

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 44.89	\$1,365.40

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Sam Green Road
Facility#: 63541
Vendor ID#: 3805

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.98	\$1,185.64

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Sherwood Lane
Facility#: 63522
Vendor ID#: 2106

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.81	\$1,302.14

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Silver Manor Road
Facility#: 63446
Vendor ID#: 1312

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.40	\$1,533.00

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-South St
Facility#: 63915
Vendor ID#: 40657

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.76	\$1,209.37

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Southwest Road
Facility#: 631200
Vendor ID#: 46959

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 76.12	\$2,315.32

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Stone House Road
Facility#: 63634
Vendor ID#: 10008

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.16	\$1,221.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Stoneridge Drive
Facility#: 63489
Vendor ID#: 1988

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.87	\$1,060.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Valley Falls Road
Facility#: 63286
Vendor ID#: 1319

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.35	\$1,044.81

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Valley View Dr
Facility#: 63918
Vendor ID#: 40707

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 32.82	\$ 998.28

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Warren Avenue Group Home
Facility#: 63297
Vendor ID#: 1318

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.89	\$1,152.49

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Connecticut Institute for the Blind
120 Holcomb St
Hartford CT 06112

RE: CIB-Wyoming Avenue
Facility#: 63280042
Vendor ID#: 47937

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.66	\$1,632.16

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CLASP Homes, Inc.
246 Post Rd. East
Westport CT 06880

RE: CLASP-Blue Ridge
Facility#: 63223
Vendor ID#: 1146

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.99	\$ 760.11

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CLASP Homes, Inc.
246 Post Rd. East
Westport CT 06880

RE: CLASP-Crest Terrace
Facility#: 63494
Vendor ID#: 2058

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.65	\$ 719.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CLASP Homes, Inc.
246 Post Rd. East
Westport CT 06880

RE: CLASP-Kings Highway
Facility#: 63136
Vendor ID#: 1150

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.66	\$1,054.24

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CLASP Homes, Inc.
246 Post Rd. East
Westport CT 06880

RE: CLASP-Maple Road
Facility#: 63215
Vendor ID#: 1147

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.75	\$ 904.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CLASP Homes, Inc.
246 Post Rd. East
Westport CT 06880

RE: CLASP-Oldfield Rd.
Facility#: 631142
Vendor ID#: 46337

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.58	\$1,812.23

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CLASP Homes, Inc.
246 Post Rd. East
Westport CT 06880

RE: CLASP-Pine Drive
Facility#: 63179
Vendor ID#: 1148

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 26.73	\$ 813.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CLASP Homes, Inc.
246 Post Rd. East
Westport CT 06880

RE: CLASP-Reeds Lane RL
Facility#: 63864
Vendor ID#: 34838

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.06	\$1,400.99

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CLASP Homes, Inc.
246 Post Rd. East
Westport CT 06880

RE: CLASP-Reynolds Road 94 (MCC) RD
Facility#: 63488
Vendor ID#: 2006

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.87	\$ 726.05

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CLASP Homes, Inc.
246 Post Rd. East
Westport CT 06880

RE: CLASP-Reynolds Road 96 (SCC)
Facility#: 63491
Vendor ID#: 2105

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.87	\$ 726.05

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CLASP Homes, Inc.
246 Post Rd. East
Westport CT 06880

RE: CLASP-Sturges Highway
Facility#: 63712
Vendor ID#: 14269

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.75	\$1,056.98

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CLASP Homes, Inc.
246 Post Rd. East
Westport CT 06880

RE: CLASP-Webb Road WB
Facility#: 63752
Vendor ID#: 20307

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.13	\$ 855.62

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

CLASP Homes, Inc.
246 Post Rd. East
Westport CT 06880

RE: CLASP-Weston Road WR
Facility#: 63654
Vendor ID#: 11229

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 26.83	\$ 816.08

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Continuum of Care, Inc.
67 Trumbull St
New Haven CT 06510

RE: Continuum of Care-975/985 Marion Ave
Facility#: 631112
Vendor ID#: 46029

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 72.15	\$2,194.56

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Continuum of Care, Inc.
67 Trumbull St
New Haven CT 06510

RE: Continuum of Care-Beaumont Hwy
Facility#: 631304
Vendor ID#: 47584

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.83	\$1,424.41

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Continuum of Care, Inc.
67 Trumbull St
New Haven CT 06510

RE: Continuum of Care-Collindale Dr.
Facility#: 64015
Vendor ID#: 43904

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.85	\$1,668.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Continuum of Care, Inc.
67 Trumbull St
New Haven CT 06510

RE: Continuum of Care-Heathridge Road
Facility#: 631195
Vendor ID#: 46914

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 67.04	\$2,039.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Continuum of Care, Inc.
67 Trumbull St
New Haven CT 06510

RE: Continuum of Care-Millbrook CLA
Facility#: 631084
Vendor ID#: 45846

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 91.76	\$2,791.03

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Continuum of Care, Inc.
67 Trumbull St
New Haven CT 06510

RE: Continuum of Care-Mt. Vernon Rd.
Facility#: 631050
Vendor ID#: 45571

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 81.08	\$2,466.18

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Continuum of Care, Inc.
67 Trumbull St
New Haven CT 06510

RE: Continuum of Care-Red Fox Run
Facility#: 631187
Vendor ID#: 46832

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 76.57	\$2,329.00

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Continuum of Care, Inc.
67 Trumbull St
New Haven CT 06510

RE: Continuum of Care-Thomas Avenue
Facility#: 631292
Vendor ID#: 47512

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.11	\$1,706.68

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Corporation for Public Management
1628-1640 Main St
Springfield MA 01103

RE: CPM-Field Road CLA
Facility#: 631275
Vendor ID#: 47376

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 63.12	\$1,919.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Corporation for Public Management
1628-1640 Main St
Springfield MA 01103

RE: CPM-Lindberg Dr. - CLA
Facility#: 63944
Vendor ID#: 41594

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.69	\$1,298.49

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Corporation for Public Management
1628-1640 Main St
Springfield MA 01103

RE: CPM-Main Street
Facility#: 631305
Vendor ID#: 47592

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.94	\$1,671.09

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Alden Road
Facility#: 631236
Vendor ID#: 47181

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.67	\$1,662.88

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Babbitt
Facility#: 631239
Vendor ID#: 47179

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 73.14	\$2,224.68

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Barrett Hill
Facility#: DSLA.280024
Vendor ID#: 47856

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 57.96	\$1,762.95

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Birch Street
Facility#: 631310
Vendor ID#: 47637

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.98	\$1,124.81

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Brentley Drive
Facility#: DSLA.280015
Vendor ID#: 47824

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 75.05	\$2,282.77

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Cliffwood Drive
Facility#: 631190
Vendor ID#: 46861

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.31	\$1,408.60

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Congdon Street
Facility#: 631234
Vendor ID#: 47180

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.84	\$1,668.05

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-George Road
Facility#: DSLA.280068
Vendor ID#: 48050

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.62	\$1,722.19

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-High Street
Facility#: 63714
Vendor ID#: 14281

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.53	\$1,019.87

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Highland Avenue
Facility#: 63757
Vendor ID#: 20977

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.15	\$ 947.48

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Hogs Back Road
Facility#: 631288
Vendor ID#: 47501

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 87.41	\$2,658.72

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Maple St.
Facility#: 631146
Vendor ID#: 46396

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.98	\$1,337.73

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-North Acre Place
Facility#: 28002
Vendor ID#: 47855

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 57.60	\$1,752.00

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Nutmeg Drive
Facility#: 631238
Vendor ID#: 47240

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 44.36	\$1,349.28

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Paine Road
Facility#: DSLA.280025
Vendor ID#: 47857

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.33	\$1,439.62

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Piper Lane (DCF-CLA)
Facility#: 631140
Vendor ID#: 46449

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.53	\$1,171.95

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Portman Street
Facility#: 631308
Vendor ID#: 47638

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.28	\$1,103.52

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Raynel Road
Facility#: 631303
Vendor ID#: 47561

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 65.42	\$1,989.86

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Roslyn Drive
Facility#: DSLA.280028
Vendor ID#: 47869

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 48.29	\$1,468.82

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Russett Road
Facility#: 631289
Vendor ID#: 47530

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 81.35	\$2,474.40

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Sentinal Hill Road
Facility#: 631254
Vendor ID#: 47241

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 71.44	\$2,172.97

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Soundridge
Facility#: 631257
Vendor ID#: 47272

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 72.69	\$2,210.99

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-South Street
Facility#: 631198
Vendor ID#: 46955

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.07	\$1,644.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Syracuse St.
Facility#: 631068
Vendor ID#: 46028

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.74	\$1,208.76

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Toriano Road
Facility#: 631284
Vendor ID#: 47502

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.69	\$1,663.49

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Warner Hill Road
Facility#: 631271
Vendor ID#: 47348

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 61.95	\$1,884.31

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Waterbury Rd.
Facility#: 631105
Vendor ID#: 46015

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 49.50	\$1,505.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Residences, Inc. (CRI)
732 West St
Southington CT 06489

RE: CRI-Woodland Ave. 124
Facility#: 631042
Vendor ID#: 46479

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.51	\$1,080.10

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Ash Lane
Facility#: 63946
Vendor ID#: 41596

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 79.69	\$2,423.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Behren Road
Facility#: 631131
Vendor ID#: 46286

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 52.86	\$1,607.83

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Belmont Road
Facility#: 63515
Vendor ID#: 2061

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 57.75	\$1,756.56

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Breezy Hill Road
Facility#: 63836
Vendor ID#: 29747

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 64.21	\$1,953.05

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Brightwood Avenue
Facility#: 63607
Vendor ID#: 8200

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.18	\$1,009.23

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-East Cotton Hill Road
Facility#: 63311
Vendor ID#: 1170

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.95	\$1,397.65

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Harrison Rd.
Facility#: 64043
Vendor ID#: 44255

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.25	\$1,680.52

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Hayden Hill (Upper Valley Rd)
Facility#: 63991
Vendor ID#: 13069

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.94	\$ 941.09

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Hill Road
Facility#: 63840
Vendor ID#: 30472

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 75.21	\$2,287.64

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Horse Fence Hill Rd
Facility#: 63947
Vendor ID#: 41597

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 60.93	\$1,853.29

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Marshall Street
Facility#: 63639
Vendor ID#: 10244

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.82	\$1,393.69

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Meadowveiw Dr.
Facility#: 63340
Vendor ID#: 1174

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.82	\$1,211.19

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Neil Drive
Facility#: 631113
Vendor ID#: 46089

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 60.71	\$1,846.60

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Norfolk Road
Facility#: 63611
Vendor ID#: 8209

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.01	\$1,247.39

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Old North Road
Facility#: 63341
Vendor ID#: 1173

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.11	\$1,128.76

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Pepper Drive
Facility#: 63641
Vendor ID#: 10446

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.55	\$1,050.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Sageway
Facility#: 63992
Vendor ID#: 43362

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.89	\$1,122.07

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-South St
Facility#: 63945
Vendor ID#: 41595

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 57.16	\$1,738.62

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Timothy Rd.
Facility#: 631143
Vendor ID#: 46374

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 57.81	\$1,758.39

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Torrington West St.
Facility#: 64024
Vendor ID#: 44051

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.40	\$1,624.25

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Torrington Road CLA
Facility#: 64059
Vendor ID#: 44503

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 68.36	\$2,079.28

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Victoria St
Facility#: 63990
Vendor ID#: 43360

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 51.76	\$1,574.37

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Wallens Hill
Facility#: 63312
Vendor ID#: 1172

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 44.52	\$1,354.15

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Westledge Dr.
Facility#: 64055
Vendor ID#: 44473

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 52.61	\$1,600.22

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Community Systems, Inc. (CSI)
295 Alvord Park Rd
Torrington CT 06790

RE: CSI-Westside Road
Facility#: 631081
Vendor ID#: 45856

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 63.18	\$1,921.73

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Dungarvin CT, LLC
1160 Silas Deane Hwy
Wethersfield CT 06109

RE: Dungarvin - Pelham Avenue (West) CLA
Facility#: 631163
Vendor ID#: 46521

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 58.75	\$1,786.98

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Eastern Comm. Development Corp
156 Cross Rd
Waterford CT 06385

RE: ECDC-(Quaker) Laurel Glen Rd.
Facility#: 64064
Vendor ID#: 44564

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.82	\$1,302.44

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Eastern Comm. Development Corp
156 Cross Rd
Waterford CT 06385

RE: ECDC-1553 Route 12-Gales Ferry
Facility#: 63866
Vendor ID#: 34841

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 66.84	\$2,033.05

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Eastern Comm. Development Corp
156 Cross Rd
Waterford CT 06385

RE: ECDC-Boston Post Road
Facility#: 631240
Vendor ID#: 47239

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 65.88	\$2,003.85

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Eastern Comm. Development Corp
156 Cross Rd
Waterford CT 06385

RE: ECDC-Glenwood Dr.
Facility#: 64978
Vendor ID#: 45207

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.11	\$1,645.85

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Eastern Comm. Development Corp
156 Cross Rd
Waterford CT 06385

RE: ECDC-Hickory Hill
Facility#: 63486
Vendor ID#: 2090

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.80	\$1,423.50

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Eastern Comm. Development Corp
156 Cross Rd
Waterford CT 06385

RE: ECDC-Maple Court
Facility#: 631226
Vendor ID#: 47123

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.50	\$1,201.46

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Eastern Comm. Development Corp
156 Cross Rd
Waterford CT 06385

RE: ECDC-Winthrop
Facility#: 631204
Vendor ID#: 46977

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.22	\$1,436.28

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Family Options, Inc.
115 Waterbury Road
Prospect CT 06712

RE: Family Options-Allerton Road
Facility#: 631203
Vendor ID#: 46971

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.32	\$1,713.07

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Family Options, Inc.
115 Waterbury Road
Prospect CT 06712

RE: Family Options-Brooks Hill
Facility#: 64048
Vendor ID#: 44308

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 66.48	\$2,022.10

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Family Options, Inc.
115 Waterbury Road
Prospect CT 06712

RE: Family Options-Charles St.
Facility#: 64937
Vendor ID#: 44684

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.69	\$1,328.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Family Options, Inc.
115 Waterbury Road
Prospect CT 06712

RE: Family Options-Graham Ridge Road
Facility#: 631261
Vendor ID#: 47301

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 44.69	\$1,359.32

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Family Options, Inc.
115 Waterbury Road
Prospect CT 06712

RE: Family Options-Jenta Dr.
Facility#: 631080
Vendor ID#: 45796

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.03	\$1,643.41

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Friends of New Milford, Inc.
238 Chestnutland Road
New Milford CT 06776

RE: Friends of New Milford-Chestnutland
Facility#: 63934
Vendor ID#: 41186

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 97.96	\$2,979.62

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Grounded In Love, Inc.
P.O. Box 7331
Prospect CT 06712

RE: GIL-109 Cook Road
Facility#: 63347
Vendor ID#: 1195

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.41	\$ 955.39

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Grounded In Love, Inc.
P.O. Box 7331
Prospect CT 06712

RE: GIL-197 Cook Rd.
Facility#: 64971
Vendor ID#: 45165

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.16	\$1,616.95

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Grounded In Love, Inc.
P.O. Box 7331
Prospect CT 06712

RE: GIL-James Dr.
Facility#: 63955
Vendor ID#: 42016

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 48.87	\$1,486.46

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Grounded In Love, Inc.
P.O. Box 7331
Prospect CT 06712

RE: GIL-Radmere Road
Facility#: 63801
Vendor ID#: 27912

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.03	\$1,187.16

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HARC, Inc.
900 Aslym Ave
Hartford CT 06105

RE: HARC-44 Little Oak Lane (MCC)
Facility#: 63531
Vendor ID#: 2146

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.77	\$ 875.09

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HARC, Inc.
900 Aslym Ave
Hartford CT 06105

RE: HARC-60 Little Oak Lane (SCC)
Facility#: 63543
Vendor ID#: 2147

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.77	\$ 875.09

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HARC, Inc.
900 Aslym Ave
Hartford CT 06105

RE: HARC-62 Little Oak Lane (SCC)
Facility#: 63544
Vendor ID#: 2148

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.77	\$ 875.09

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HARC, Inc.
900 Aslym Ave
Hartford CT 06105

RE: HARC-Ardmore Rd.
Facility#: 63996
Vendor ID#: 43475

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 58.70	\$1,785.46

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HARC, Inc.
900 Aslym Ave
Hartford CT 06105

RE: HARC-Asylum Avenue
Facility#: 63132
Vendor ID#: 1198

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.29	\$1,195.07

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HARC, Inc.
900 Aslym Ave
Hartford CT 06105

RE: HARC-Brentmoor Road
Facility#: 63162
Vendor ID#: 1199

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.99	\$1,033.86

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HARC, Inc.
900 Aslym Ave
Hartford CT 06105

RE: HARC-Burnwood Drive
Facility#: 63191
Vendor ID#: 1200

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.10	\$1,432.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HARC, Inc.
900 Aslym Ave
Hartford CT 06105

RE: HARC-Eastern Drive
Facility#: 63166
Vendor ID#: 1201

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.52	\$1,110.82

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HARC, Inc.
900 Aslym Ave
Hartford CT 06105

RE: HARC-Prospect Street
Facility#: 63274
Vendor ID#: 1203

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.73	\$ 934.70

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HARC, Inc.
900 Aslym Ave
Hartford CT 06105

RE: HARC-Woodland Avenue
Facility#: 63724
Vendor ID#: 15577

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.59	\$1,204.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HART United Inc.
72 Washington Avenue
North Haven CT 06473

RE: HART United-Columbia House
Facility#: 641018
Vendor ID#: 45352

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.00	\$ 912.50

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HART United Inc.
72 Washington Avenue
North Haven CT 06473

RE: HART United-Country Club Wood Circle
Facility#: 631088
Vendor ID#: 45850

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.82	\$1,667.44

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HART United Inc.
72 Washington Avenue
North Haven CT 06473

RE: HART United-Eve's Garden (57 Eastgate
Condos) (MCC)
Facility#: 63322
Vendor ID#: 1206

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.84	\$ 907.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HART United Inc.
72 Washington Avenue
North Haven CT 06473

RE: HART United-Eve's Garden (69 Eastgate
Condos) (SCC)
Facility#: 63344
Vendor ID#: 1207

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.84	\$ 907.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HART United Inc.
72 Washington Avenue
North Haven CT 06473

RE: HART United-Goldman House (640-B
Middletown)
Facility#: 64941
Vendor ID#: 44761

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 26.59	\$ 808.78

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HART United Inc.
72 Washington Avenue
North Haven CT 06473

RE: HART United-Lawrence Hall II (Mix Ave.)
Facility#: 63134
Vendor ID#: 1204

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.16	\$ 886.95

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HART United Inc.
72 Washington Avenue
North Haven CT 06473

RE: HART United-Milford House (Wolf Harbor Rd.)
Facility#: 64061
Vendor ID#: 44514

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 60.17	\$1,830.17

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HART United Inc.
72 Washington Avenue
North Haven CT 06473

RE: HART United-Ryan House (640-A-Middletown)
Facility#: 64940
Vendor ID#: 44760

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.11	\$ 915.85

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HART United Inc.
72 Washington Avenue
North Haven CT 06473

RE: HART United-Saw Mill Drive G.H.
Facility#: 63822
Vendor ID#: 29106

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.88	\$1,182.60

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

HART United Inc.
72 Washington Avenue
North Haven CT 06473

RE: HART United-Victory House (Prospect St)
Facility#: 63214
Vendor ID#: 1205

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.29	\$ 921.32

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Horizons Programs, Inc.
P.O. Box 323
South Windham CT 06266

RE: Horizons Programs, Inc. - 125 Windham Rd
Facility#: 63206
Vendor ID#: 38813

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.65	\$1,023.52

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Horizons Programs, Inc.
P.O. Box 323
South Windham CT 06266

RE: Horizons Programs, Inc. - Crane Hill Road
Facility#: DSLA.280020
Vendor ID#: 47947

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 83.24	\$2,531.88

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Humanidad, Inc.
1800 Silas Deane Hwy
Rocky Hill CT 06067

RE: Humanidad-Fairview Drive
Facility#: 631119
Vendor ID#: 46088

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.47	\$1,413.46

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Humanidad, Inc.
1800 Silas Deane Hwy
Rocky Hill CT 06067

RE: Humanidad-Grandview Terrace
Facility#: 63598
Vendor ID#: 6236

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 17.46	\$ 531.08

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Humanidad, Inc.
1800 Silas Deane Hwy
Rocky Hill CT 06067

RE: Humanidad-Hungerford Street
Facility#: 63220
Vendor ID#: 1214

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 18.49	\$ 562.40

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Humanidad, Inc.
1800 Silas Deane Hwy
Rocky Hill CT 06067

RE: Humanidad-Talcott Rd.
Facility#: 631153
Vendor ID#: 46418

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.60	\$1,447.83

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Innovative Children's Environmental
21 Maple Street
Naugatuck CT

RE: ICES - Clark Road
Facility#: 631309
Vendor ID#: 47640

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.15	\$1,707.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Innovative Children's Environmental
21 Maple Street
Naugatuck CT

RE: ICES-Gunntown Rd.
Facility#: 631038
Vendor ID#: 45482

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 88.51	\$2,692.18

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Innovative Children's Environmental
21 Maple Street
Naugatuck CT

RE: ICES-New Haven Rd.
Facility#: 631021
Vendor ID#: 45381

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 86.23	\$2,622.83

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Innovative Children's Environmental
21 Maple Street
Naugatuck CT

RE: ICES-New Ridge Ave. 313 (MCC)
Facility#: 649571
Vendor ID#: 45122

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 61.23	\$1,862.41

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Innovative Children's Environmental
21 Maple Street
Naugatuck CT

RE: ICES-New Ridge Ave. 315 (SCC)
Facility#: 64957
Vendor ID#: 45121

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 61.23	\$1,862.41

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Innovative Children's Environmental
21 Maple Street
Naugatuck CT

RE: ICES-Todd Road
Facility#: 641012
Vendor ID#: 45326

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 73.13	\$2,224.37

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Jewish Association For Community Liv
34 Jerome Avenue
Bloomfield CT 06002

RE: JCL-Arapahoe Road
Facility#: 63169
Vendor ID#: 1202

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.95	\$ 971.81

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Jewish Association For Community Liv
34 Jerome Avenue
Bloomfield CT 06002

RE: JCL-Brewster Road
Facility#: 631322
Vendor ID#: 47672

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 71.90	\$2,186.96

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Jewish Association For Community Liv
34 Jerome Avenue
Bloomfield CT 06002

RE: JCL-Brookmoor Rd., CLA
Facility#: 64926
Vendor ID#: 44584

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.54	\$1,628.51

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Jewish Association For Community Liv
34 Jerome Avenue
Bloomfield CT 06002

RE: JCL-West Normandy Dr. CLA
Facility#: 64060
Vendor ID#: 44512

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.62	\$1,539.69

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-283 Long Hill Road
Facility#: 631039
Vendor ID#: 47027

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 49.94	\$1,519.01

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-293 Long Hill Road
Facility#: 64056
Vendor ID#: 47026

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.21	\$1,618.47

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-607 Marion Avenue
Facility#: 63994
Vendor ID#: 47030

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 63.66	\$1,936.33

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-Bryan Drive
Facility#: 631255
Vendor ID#: 47228

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 70.45	\$2,142.85

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-Devin Way
Facility#: 63912
Vendor ID#: 47028

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.95	\$1,336.81

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-Grissom Road
Facility#: 63280016
Vendor ID#: 48055

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.20	\$1,161.92

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-Hazelnut Hill Road
Facility#: 63879
Vendor ID#: 47022

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.29	\$1,651.32

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-Homestead Drive
Facility#: 63753
Vendor ID#: 47025

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.50	\$1,688.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-John Olds Drive 111
Facility#: 631285
Vendor ID#: 47500

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.85	\$1,668.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-John Olds Drive 112
Facility#: 0631285
Vendor ID#: 47499

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 51.55	\$1,567.98

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-Mexcur Drive
Facility#: DSLA.280066
Vendor ID#: 48043

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.14	\$1,798.84

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-Niantic House/Pontiac
Facility#: 63888
Vendor ID#: 47021

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 48.75	\$1,482.81

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-Soundview
Facility#: 63892
Vendor ID#: 47020

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.37	\$1,805.84

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-South Main Street
Facility#: 631230
Vendor ID#: 47111

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.13	\$1,676.87

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Journey Found
60 Hilliard St
Manchester CT 06040

RE: Journey Found-Whitney Road
Facility#: 64939
Vendor ID#: 47023

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 66.22	\$2,014.19

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

KenCrest Services
960 A Harvest Drive
Blue Bell PA 19422

RE: KenCrest-Beech Street
Facility#: 631158
Vendor ID#: 46494

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 62.05	\$1,887.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

KenCrest Services
960 A Harvest Drive
Blue Bell PA 19422

RE: KenCrest-Fox Hill Road
Facility#: 631173
Vendor ID#: 46553

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.12	\$1,402.82

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

KenCrest Services
960 A Harvest Drive
Blue Bell PA 19422

RE: KenCrest-Overland Drive
Facility#: 631159
Vendor ID#: 46493

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.24	\$1,376.05

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Carroll Apartment
Facility#: 63128
Vendor ID#: 1324

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.33	\$ 709.62

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Connors Lane
Facility#: 631069
Vendor ID#: 45688

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.81	\$1,697.55

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Daniels Farm Rd
Facility#: 63838
Vendor ID#: 30019

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 75.34	\$2,291.59

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Edison Road
Facility#: 631157
Vendor ID#: 46450

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.41	\$1,624.55

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Elm St. (Dan Smit
Facility#: 63948
Vendor ID#: 41730

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 61.95	\$1,884.31

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Fan Hill (Hasco H
Facility#: 63885
Vendor ID#: 39868

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 48.97	\$1,489.50

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Fans Rock Rd. CLA
Facility#: 631056
Vendor ID#: 45613

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 58.20	\$1,770.25

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Marina Dr. CLA I
Facility#: 631062
Vendor ID#: 46564

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.62	\$1,661.36

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-N. Main St. Apt 2
Facility#: 631286
Vendor ID#: 8127

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.97	\$1,824.09

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Oak Ridge Road
Facility#: DSLA.280093
Vendor ID#: 48088

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.79	\$1,149.45

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Old Good Hill
Facility#: 63798
Vendor ID#: 27828

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.64	\$1,266.55

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Probus House
Facility#: 63127
Vendor ID#: 1328

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.78	\$1,027.48

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Warner Hill Road/
Facility#: 631259
Vendor ID#: 47345

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.62	\$1,539.69

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-White Plains Road
Facility#: 631169
Vendor ID#: 46533

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.89	\$1,152.49

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Kennedy Collective
2440 Reservoir Ave
Trumbull CT 06611

RE: Kennedy Collective-Woodin
Facility#: 631334
Vendor ID#: 47731

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.10	\$1,098.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Align Drive
Facility#: 631312
Vendor ID#: 47639

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 86.87	\$2,642.30

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Applewood Rd.
Facility#: 631072
Vendor ID#: 45782

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 90.67	\$2,757.88

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Berkshire Road
Facility#: 631323
Vendor ID#: 47677

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 87.27	\$2,654.46

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Brook Lane
Facility#: 631250
Vendor ID#: 47229

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 70.43	\$2,142.25

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Brown Street
Facility#: 631327
Vendor ID#: 47693

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.05	\$1,066.10

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Buckwheat Hill
Facility#: 631235
Vendor ID#: 47163

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 66.32	\$2,017.23

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Canton CR (Cedar)
Facility#: 63709
Vendor ID#: 14215

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.28	\$1,377.27

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Colonial Drive
Facility#: 631301
Vendor ID#: 47558

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 86.15	\$2,620.40

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-County Road CLA
Facility#: 631152
Vendor ID#: 46390

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 67.18	\$2,043.39

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Durham (Madison Rd)
Facility#: 631194
Vendor ID#: 46908

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 73.01	\$2,220.72

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Fairview Circle
Facility#: 631338
Vendor ID#: 47759

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 81.06	\$2,465.58

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Fogarty
Facility#: 631328
Vendor ID#: 47709

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.35	\$ 862.31

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Green Hill Road
Facility#: 631296
Vendor ID#: 47508

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 65.52	\$1,992.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Hess Drive
Facility#: 631274
Vendor ID#: 47370

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 67.25	\$2,045.52

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Highland Road
Facility#: 631225
Vendor ID#: 47098

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 67.56	\$2,054.95

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Noch Lane
Facility#: 63699
Vendor ID#: 13142

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.34	\$1,135.76

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Norton Trail
Facility#: 63688
Vendor ID#: 12147

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.44	\$1,199.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Old Route 87
Facility#: 631270
Vendor ID#: 47346

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.20	\$1,131.50

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Paula Rd.
Facility#: 631136
Vendor ID#: 46249

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 73.65	\$2,240.19

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Pond View Dr.
Facility#: 64035
Vendor ID#: 44168

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.02	\$1,247.69

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Porter St.
Facility#: 64049
Vendor ID#: 44310

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 49.07	\$1,492.55

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Quarry Rd.
Facility#: 64031
Vendor ID#: 44148

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 65.87	\$2,003.55

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Ranney Rd.
Facility#: 64963
Vendor ID#: 46136

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.91	\$1,670.18

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Scalise Drive
Facility#: 631178
Vendor ID#: 46586

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.13	\$1,038.12

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-South Coleman
Facility#: 63960
Vendor ID#: 42333

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.00	\$1,612.08

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Steck Drive
Facility#: 631258
Vendor ID#: 47270

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.88	\$1,821.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Towner Lane
Facility#: 631260
Vendor ID#: 47311

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 51.18	\$1,556.73

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Westridge Road
Facility#: 63523
Vendor ID#: 2072

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.24	\$1,528.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Key Human Services, Inc.
1290 Silas Dean Highway
Wethersfield CT 06109

RE: Key Human Svcs-Wildflower
Facility#: 63512
Vendor ID#: 2096

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.14	\$1,646.76

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Litchfield ARC
314 Main Street
Torrington CT 06790

RE: LARC-Gillete Road 213
Facility#: DSLA.280004
Vendor ID#: 47786

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.50	\$1,627.29

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Litchfield ARC
314 Main Street
Torrington CT 06790

RE: LARC-Main Street
Facility#: 63187
Vendor ID#: 1229

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.97	\$ 881.17

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Litchfield ARC
314 Main Street
Torrington CT 06790

RE: LARC-North Road Group Home
Facility#: 63315
Vendor ID#: 1228

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.18	\$1,252.56

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Litchfield ARC
314 Main Street
Torrington CT 06790

RE: LARC-Old North Road
Facility#: 631268
Vendor ID#: 47337

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 62.61	\$1,904.39

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

MARC Community Resources
25 Industrial Park Road
Middletown CT 06457

RE: MARC Comm. Resources-1A Sanford
Facility#: 63685
Vendor ID#: 11745

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.16	\$1,099.87

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

MARC Community Resources
25 Industrial Park Road
Middletown CT 06457

RE: MARC Comm. Resources-Bellevue Terrac
Facility#: 63852
Vendor ID#: 32370

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 81.40	\$2,475.92

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

MARC Community Resources
25 Industrial Park Road
Middletown CT 06457

RE: MARC Comm. Resources-Chestnut St.
Facility#: 63703
Vendor ID#: 13359

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.67	\$1,024.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

MARC Community Resources
25 Industrial Park Road
Middletown CT 06457

RE: MARC Comm. Resources-Dolores Rd.
Facility#: 63718
Vendor ID#: 14417

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.52	\$1,627.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

MARC Community Resources
25 Industrial Park Road
Middletown CT 06457

RE: MARC Comm. Resources-Fenwood Drive
Facility#: 631273
Vendor ID#: 47355

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 73.90	\$2,247.79

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

MARC Inc. of Manchester
151 Sheldon Road
Manchester CT 06042

RE: MARC Inc. of Manch-857 E. Middle Tpk
Facility#: 63951
Vendor ID#: 41883

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.11	\$1,159.18

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

MARC Inc. of Manchester
151 Sheldon Road
Manchester CT 06042

RE: MARC Inc. of Manch-Carriage Dr.
Facility#: 63921
Vendor ID#: 40820

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.65	\$1,023.52

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

MARC Inc. of Manchester
151 Sheldon Road
Manchester CT 06042

RE: MARC Inc. of Manch-John Olds Dr 104
Facility#: 631287
Vendor ID#: 47498

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.84	\$1,424.72

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

MARC Inc. of Manchester
151 Sheldon Road
Manchester CT 06042

RE: MARC Inc. of Manch-John Olds Dr 110
Facility#: 0631287
Vendor ID#: 47497

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 48.92	\$1,487.98

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

MARC Inc. of Manchester
151 Sheldon Road
Manchester CT 06042

RE: MARC Inc. of Manch-Quaker Rd.
Facility#: 631154
Vendor ID#: 46474

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.04	\$1,704.55

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-636 E. Mid Tpk
Facility#: 63122
Vendor ID#: 1258

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 17.57	\$ 534.42

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-Baker Road
Facility#: 63240
Vendor ID#: 1257

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.92	\$ 970.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-Bidwell Street
Facility#: 631132
Vendor ID#: 46237

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.80	\$1,666.83

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-Deer Hill
Facility#: 631180
Vendor ID#: 46580

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 32.37	\$ 984.59

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-Millbrook Circl
Facility#: 631253
Vendor ID#: 47223

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 52.84	\$1,607.22

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-North Main 141
Facility#: 63456
Vendor ID#: 1995

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.86	\$ 847.41

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-North Main 164
Facility#: 63306
Vendor ID#: 1261

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.59	\$ 717.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-North Main 400
Facility#: 63310
Vendor ID#: 1260

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.95	\$ 728.48

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-Rolling View Dr
Facility#: 63516
Vendor ID#: 2073

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.52	\$ 928.32

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-South Main St.
Facility#: 63350
Vendor ID#: 1263

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.10	\$1,128.46

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-Tunnel Road
Facility#: 631170
Vendor ID#: 46529

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 25.81	\$ 785.05

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-Willimantic- Pr
Facility#: 63144
Vendor ID#: 1262

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.71	\$ 934.10

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

March Inc. of Manchester
222 McKee Street
Manchester CT 06040

RE: March Inc. of Manch.-Woodbridge St.
Facility#: 63882
Vendor ID#: 39313

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.19	\$1,039.95

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Anton Circle
Facility#: 64054
Vendor ID#: 44399

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.68	\$1,450.27

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Branford House (Victory)
Facility#: 63774
Vendor ID#: 24611

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 44.25	\$1,345.94

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Briarwood Terrace
Facility#: 631256
Vendor ID#: 47271

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 88.14	\$2,680.93

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Byron Place
Facility#: 631233
Vendor ID#: 47233

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.18	\$1,222.14

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Cortina Rd.
Facility#: 63792
Vendor ID#: 26964

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.89	\$1,122.07

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Harwinton Avenue
Facility#: 631280
Vendor ID#: 47418

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.51	\$1,384.26

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Knollwood Drive
Facility#: 63224
Vendor ID#: 1252

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.03	\$1,126.33

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Kreger Drive
Facility#: 631127
Vendor ID#: 46187

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 67.73	\$2,060.12

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Lake St. House
Facility#: 63853
Vendor ID#: 3237

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 52.52	\$1,597.48

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-North High Street
Facility#: 631333
Vendor ID#: 47708

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 32.39	\$ 985.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Orange Crest Unit 7,13&33
Facility#: 63653
Vendor ID#: 11042

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.20	\$ 918.58

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Orient Lane
Facility#: 631335
Vendor ID#: 47733

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.86	\$ 847.41

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Osborne CLA
Facility#: 63975
Vendor ID#: 43012

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 52.67	\$1,602.05

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Stevenson Rd.
Facility#: 63791
Vendor ID#: 26963

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.73	\$1,056.37

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Talmadge
Facility#: 631090
Vendor ID#: 46036

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.71	\$1,724.93

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Trumbull (Hurd Rd)
Facility#: 63894
Vendor ID#: 40562

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.02	\$1,795.19

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-View Terrace
Facility#: 63889
Vendor ID#: 40254

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.70	\$1,390.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Marrakech Housing Options
6 Lunar Drive
Woodbridge CT 06525

RE: Marrakech-Wintergreen
Facility#: 631330
Vendor ID#: 47699

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.48	\$ 927.10

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Midstate ARC
74 South Broad Street
Meriden CT 06450

RE: Mid-State ARC - Alexander Drive
Facility#: 63287
Vendor ID#: 1267

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.57	\$ 899.42

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Midstate ARC
74 South Broad Street
Meriden CT 06450

RE: Mid-State ARC - Cherry Avenue
Facility#: 631229
Vendor ID#: 47128

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.61	\$1,174.39

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Midstate ARC
74 South Broad Street
Meriden CT 06450

RE: Mid-State ARC - Hall Acres
Facility#: 631331
Vendor ID#: 47711

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.76	\$ 844.37

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Midstate ARC
74 South Broad Street
Meriden CT 06450

RE: Mid-State ARC - Kirk Road
Facility#: 631202
Vendor ID#: 47068

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.66	\$1,692.99

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Midstate ARC
74 South Broad Street
Meriden CT 06450

RE: Mid-State ARC - Laurelwood Drive
Facility#: 631332
Vendor ID#: 47710

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.50	\$1,536.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Midstate ARC
74 South Broad Street
Meriden CT 06450

RE: Mid-State ARC - Main Street
Facility#: 631208
Vendor ID#: 47067

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.93	\$1,032.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Midstate ARC
74 South Broad Street
Meriden CT 06450

RE: Mid-State ARC - Sunbright Drive
Facility#: 63442
Vendor ID#: 1272

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.97	\$1,094.09

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Banbury Lane Group Home
Facility#: 63250
Vendor ID#: 1232

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.78	\$1,027.48

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Barnett Street
Facility#: DSLA.280095
Vendor ID#: 48106

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 32.22	\$ 980.03

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Beman Lane
Facility#: 63260
Vendor ID#: 1235

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.92	\$ 727.57

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Carriage Dr.
Facility#: 63648
Vendor ID#: 10942

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.23	\$1,223.66

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Cedar Ridge Lane
Facility#: 63316
Vendor ID#: 1237

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.30	\$1,317.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Columbia (Route 66)
Facility#: 631324
Vendor ID#: 47696

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.44	\$ 956.30

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Copper Valley (29 Creamery Rd)
Facility#: 631325
Vendor ID#: 47695

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.70	\$ 903.38

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Coventry (South St.)
Facility#: 63640
Vendor ID#: 10414

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.56	\$1,081.62

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-D'Amato Drive
Facility#: 631231
Vendor ID#: 47138

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.58	\$1,690.56

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Dogwood Road
Facility#: DSLA.280096
Vendor ID#: 48107

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.35	\$1,196.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-East St.
Facility#: 63865
Vendor ID#: 34839

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.37	\$1,653.75

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Farmington Avenue
Facility#: 63277
Vendor ID#: 1240

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.52	\$1,232.48

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Glendale Dr.
Facility#: 63748
Vendor ID#: 18673

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.85	\$ 938.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Glenn Road
Facility#: DSLA.280099
Vendor ID#: 48109

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.60	\$1,660.75

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Green Valley
Facility#: 63401
Vendor ID#: 1234

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.85	\$1,151.27

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Herschler Road
Facility#: DSLA.280060
Vendor ID#: 47946

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.42	\$1,655.28

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Lakeside (Old Colchester Rd.)
Facility#: 63454
Vendor ID#: 1990

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 58.84	\$1,789.72

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Little Lane
Facility#: 63956
Vendor ID#: 42073

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.87	\$ 969.38

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Long Hill Rd.
Facility#: 63873
Vendor ID#: 36589

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.78	\$1,696.64

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Manor Rd.
Facility#: 63331
Vendor ID#: 1247

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.09	\$1,310.65

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Maple Avenue
Facility#: DSLA.280098
Vendor ID#: 48109

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.56	\$ 838.28

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Meadowgate Rd.
Facility#: 63831
Vendor ID#: 29424

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.85	\$1,729.19

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-North High Street
Facility#: DSLA.280097
Vendor ID#: 48110

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.04	\$1,065.80

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Pelham Rd.
Facility#: 63269
Vendor ID#: 1244

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 25.50	\$ 775.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-PK
Facility#: 64058
Vendor ID#: 44502

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 58.88	\$1,790.93

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Pondview (31 Creamery Rd)
Facility#: 63280014
Vendor ID#: 47825

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.50	\$1,079.79

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Portland G.H. (Stoner Terrace)
Facility#: 63227
Vendor ID#: 1248

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.48	\$ 866.27

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Rhode Island G.H.
Facility#: 63356
Vendor ID#: 1124

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.91	\$ 848.93

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Robin Lane
Facility#: DSLA.280100
Vendor ID#: 48111

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.66	\$1,267.16

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Mosaic
100 Sebethe Drive
Cromwell CT 06416

RE: Mosaic-Spring Street
Facility#: DSLA.280021
Vendor ID#: 47852

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.06	\$ 701.41

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

NAFI CT, Inc.
20 Batterson Park Road
Farmington CT 06032

RE: NAFI CT-Corey Rd
Facility#: 631138
Vendor ID#: 46377

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 63.11	\$1,919.60

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Birch St.
Facility#: 631025
Vendor ID#: 45436

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 48.90	\$1,487.38

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Broad Street
Facility#: 631115
Vendor ID#: 46071

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.00	\$1,399.17

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Center Road
Facility#: 63280035
Vendor ID#: 47943

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.72	\$1,177.73

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Columbia (West St)
Facility#: 631306
Vendor ID#: 47675

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 62.10	\$1,888.88

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Deerwood Dr.
Facility#: 631032
Vendor ID#: 45493

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.12	\$1,250.73

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - East Eldridge St.
Facility#: 631083
Vendor ID#: 45814

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 52.17	\$1,586.84

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Five Mile River Rd
Facility#: DSLA.280064
Vendor ID#: 47996

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 52.68	\$1,602.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Greenwood CLA
Facility#: 63280036
Vendor ID#: 47939

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.42	\$ 894.86

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Hilltop Road
Facility#: 63664
Vendor ID#: 11310

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.64	\$1,388.22

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Jeff Road
Facility#: 63280037
Vendor ID#: 47940

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 60.67	\$1,845.38

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Jerry Daniels Rd.
Facility#: 63660
Vendor ID#: 11306

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.47	\$1,170.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Leila Lane
Facility#: 63280038
Vendor ID#: 47942

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 70.19	\$2,134.95

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Marion Drive
Facility#: 63280039
Vendor ID#: 47944

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.11	\$1,128.76

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Middlefield Street
Facility#: 63280040
Vendor ID#: 47941

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.81	\$1,180.47

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Paper Mill Road
Facility#: 63662
Vendor ID#: 11305

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.18	\$1,100.48

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Ruth St.
Facility#: 631033
Vendor ID#: 45492

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 49.48	\$1,505.02

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - South Windsor
Facility#: 632800041
Vendor ID#: 47938

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.74	\$1,695.43

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Southworth Dr
Facility#: 63663
Vendor ID#: 11307

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.42	\$1,199.03

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Susan Drive CLA
Facility#: 63661
Vendor ID#: 11301

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.21	\$1,010.14

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Trowbridge Street
Facility#: 63707
Vendor ID#: 14217

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.53	\$1,232.79

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Network, Inc.
23 Route 6
Andover CT 06232

RE: Network, Inc. - Vernon St. CLA
Facility#: 64920
Vendor ID#: 44702

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.94	\$1,427.76

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New Canaan Group Home, Inc.
162 South Ave
New Canaan CT 06840

RE: New Canaan Group-South Avenue
Facility#: 64041
Vendor ID#: 44240

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 10.68	\$ 324.85

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New England Residential Svcs., Inc.
Sanseer Mill West 282 South
Middletown CT 06457

RE: New England Res. Serv.-Bailey Road
Facility#: 631243
Vendor ID#: 47213

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.14	\$1,525.09

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New England Residential Svcs., Inc.
Sanseer Mill West 282 South
Middletown CT 06457

RE: New England Res. Serv.-Bartholomew
Facility#: 63551
Vendor ID#: 3811

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.66	\$1,540.91

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New England Residential Svcs., Inc.
Sanseer Mill West 282 South
Middletown CT 06457

RE: New England Res. Serv.-Brown Lane
Facility#: 631094
Vendor ID#: 45905

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 77.65	\$2,361.85

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New England Residential Svcs., Inc.
Sanseer Mill West 282 South
Middletown CT 06457

RE: New England Res. Serv.-Champion Hill
Facility#: 63313
Vendor ID#: 1288

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 60.03	\$1,825.91

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New England Residential Svcs., Inc.
Sanseer Mill West 282 South
Middletown CT 06457

RE: New England Res. Serv.-East River Rd
Facility#: 64047
Vendor ID#: 44307

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.70	\$1,815.88

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New England Residential Svcs., Inc.
Sanseer Mill West 282 South
Middletown CT 06457

RE: New England Res. Serv.-Middle Haddam
Facility#: 64033
Vendor ID#: 44156

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 64.86	\$1,972.83

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New England Residential Svcs., Inc.
Sanseer Mill West 282 South
Middletown CT 06457

RE: New England Res. Serv.-Royal Oaks
Facility#: 631093
Vendor ID#: 45930

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.55	\$1,628.81

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New England Residential Svcs., Inc.
Sanseer Mill West 282 South
Middletown CT 06457

RE: New England Res. Serv.-Sand Hill Rd.
Facility#: 63509
Vendor ID#: 2100

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.77	\$1,726.75

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New England Residential Svcs., Inc.
Sanseer Mill West 282 South
Middletown CT 06457

RE: New England Res. Serv.-Woodland Rd.
Facility#: 64042
Vendor ID#: 44254

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.13	\$1,707.29

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New England Residential Svcs., Inc.
Sanseer Mill West 282 South
Middletown CT 06457

RE: New England Res.Serv.-140 Porters(MC
Facility#: 63535
Vendor ID#: 2699

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 32.37	\$ 984.59

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New England Residential Svcs., Inc.
Sanseer Mill West 282 South
Middletown CT 06457

RE: New England Res.Serv.-142 Porters(SC)
Facility#: 63536
Vendor ID#: 2696

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 32.37	\$ 984.59

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New Foundations, Inc.
1776 Meriden Road
Wolcott CT 06716

RE: New Foundations-Deepwood Dr.
Facility#: 631092
Vendor ID#: 45941

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.02	\$1,612.69

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New Foundations, Inc.
1776 Meriden Road
Wolcott CT 06716

RE: New Foundations-Falcon Ave.
Facility#: 631100
Vendor ID#: 45962

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.98	\$1,307.31

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New Foundations, Inc.
1776 Meriden Road
Wolcott CT 06716

RE: New Foundations-Laurel Lane GH
Facility#: 631106
Vendor ID#: 46002

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 48.47	\$1,474.30

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

New Foundations, Inc.
1776 Meriden Road
Wolcott CT 06716

RE: New Foundations-Peck Lane
Facility#: 631099
Vendor ID#: 45942

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.42	\$1,290.28

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Northeast Placement Services, Inc.
312 Route 169
South Woodstock CT 06267

RE: Northeast Plac. Svc-Christian Hill
Facility#: 64051
Vendor ID#: 44323

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.65	\$1,449.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Northeast Placement Services, Inc.
312 Route 169
South Woodstock CT 06267

RE: Northeast Plac. Svc-Welsh St.
Facility#: 631015
Vendor ID#: 45355

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.84	\$1,394.30

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Opportunity House, Inc.
320 Old Hill Rd
Hamden CT 06514

RE: Opportunity House - Alpha House
Facility#: 63125
Vendor ID#: 1320

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.67	\$1,419.55

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Opportunity House, Inc.
320 Old Hill Rd
Hamden CT 06514

RE: Opportunity House - Gamma House
Facility#: 63609
Vendor ID#: 8203

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.09	\$ 884.82

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Opportunity House, Inc.
320 Old Hill Rd
Hamden CT 06514

RE: Opportunity House - North Brooksville
Facility#: DSLA.280002
Vendor ID#: 47758

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.32	\$1,317.65

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Options Unlimited, Inc
693 Bloomfield Avenue
Bloomfield CT 06002

RE: Options Unlimited-King Street
Facility#: 631155
Vendor ID#: 46419

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 73.14	\$2,224.68

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Options Unlimited, Inc
693 Bloomfield Avenue
Bloomfield CT 06002

RE: Options Unlimited-Leverich Dr.
Facility#: 64001
Vendor ID#: 43614

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.41	\$1,807.05

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Options Unlimited, Inc
693 Bloomfield Avenue
Bloomfield CT 06002

RE: Options Unlimited-Melrose Rd.
Facility#: 64955
Vendor ID#: 44882

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.62	\$1,630.94

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Options Unlimited, Inc
693 Bloomfield Avenue
Bloomfield CT 06002

RE: Options Unlimited-Merriman
Facility#: 63854
Vendor ID#: 32767

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.66	\$1,814.66

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Options Unlimited, Inc
693 Bloomfield Avenue
Bloomfield CT 06002

RE: Options Unlimited-Middle Rd.
Facility#: 64018
Vendor ID#: 43961

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 63.32	\$1,925.98

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Options Unlimited, Inc
693 Bloomfield Avenue
Bloomfield CT 06002

RE: Options Unlimited-South Grand Street
Facility#: 631279
Vendor ID#: 47427

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 77.43	\$2,355.16

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Options Unlimited, Inc
693 Bloomfield Avenue
Bloomfield CT 06002

RE: Options Unlimited-Winkler Rd.
Facility#: 631124
Vendor ID#: 46166

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 75.19	\$2,287.03

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Anawan Ave
Facility#: 64944
Vendor ID#: 44763

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 68.90	\$2,095.71

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Artillery Rd.
Facility#: 631135
Vendor ID#: 46299

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 103.41	\$3,145.39

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Bourbon Street
Facility#: 63655
Vendor ID#: 11311

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.22	\$1,162.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Brownstone Ridge
Facility#: 631122
Vendor ID#: 46146

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 104.39	\$3,175.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Central Avenue
Facility#: 63849
Vendor ID#: 31963

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.13	\$1,524.79

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Clarke Street
Facility#: 631029
Vendor ID#: 46639

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 75.00	\$2,281.25

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Country Club Rd.
Facility#: 631023
Vendor ID#: 45424

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 78.01	\$2,372.80

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Fairwood Dr.
Facility#: 64972
Vendor ID#: 45144

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.29	\$1,651.32

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Glenwood
Facility#: 63657
Vendor ID#: 11298

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.50	\$1,262.29

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Gorman Place
Facility#: 63659
Vendor ID#: 11300

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.67	\$1,632.46

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Kennedy Road
Facility#: 63658
Vendor ID#: 11313

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 44.44	\$1,351.72

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Mason Hill (Campville Rd)
Facility#: 63925
Vendor ID#: 40920

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 73.79	\$2,244.45

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Oakridge Rd.
Facility#: 63887
Vendor ID#: 39870

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.82	\$ 876.61

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Old Cider Mill Rd
Facility#: 631149
Vendor ID#: 46378

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 65.45	\$1,990.77

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Poquonock Ave. CLA
Facility#: 63656
Vendor ID#: 11304

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.93	\$1,214.54

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Roosevelt Dr
Facility#: 63963
Vendor ID#: 42669

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 60.77	\$1,848.42

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Talmadge Rd. (Dawson Ln)
Facility#: 631028
Vendor ID#: 45423

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 61.91	\$1,883.10

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Todd Road
Facility#: 63777
Vendor ID#: 25291

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 52.28	\$1,590.18

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Prime Care Inc.
562 Watertown Avenue
Waterbury CT 06708

RE: Prime Care-Woodland Road
Facility#: 63819
Vendor ID#: 28831

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 67.16	\$2,042.78

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Resources for Human Development
43 Marne Street
Hamden CT 06514

RE: Resources for Human Dev-Ascolese Rd.
Facility#: 64022
Vendor ID#: 44030

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.75	\$1,178.65

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Resources for Human Development
43 Marne Street
Hamden CT 06514

RE: Resources for Human Dev-Cutlers Farm
Facility#: 63979
Vendor ID#: 43069

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.33	\$1,409.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Resources for Human Development
43 Marne Street
Hamden CT 06514

RE: Resources for Human Dev-Daniels Farm
Facility#: 63926
Vendor ID#: 41000

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.28	\$1,073.10

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Resources for Human Development
43 Marne Street
Hamden CT 06514

RE: Resources for Human Dev-Davis Rd.
Facility#: 631086
Vendor ID#: 45864

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 67.40	\$2,050.08

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Resources for Human Development
43 Marne Street
Hamden CT 06514

RE: Resources for Human Dev-Deforest Dr.
Facility#: 631089
Vendor ID#: 45866

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 57.67	\$1,754.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Resources for Human Development
43 Marne Street
Hamden CT 06514

RE: Resources for Human Dev-Meadowbrook
Facility#: 63928
Vendor ID#: 41002

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.66	\$1,175.91

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Resources for Human Development
43 Marne Street
Hamden CT 06514

RE: Resources for Human Dev-Rowland St.
Facility#: 631150
Vendor ID#: 46384

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.97	\$1,824.09

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Resources for Human Development
43 Marne Street
Hamden CT 06514

RE: Resources for Human Dev-Sunset Ave.
Facility#: 64000
Vendor ID#: 43595

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.96	\$1,397.95

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Resources for Human Development
43 Marne Street
Hamden CT 06514

RE: Resources for Human Dev-West Pond Rd
Facility#: 631076
Vendor ID#: 45769

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 62.57	\$1,903.17

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-(Htfd Apts)30 Woodland Apt 12G
Facility#: 63756
Vendor ID#: 20447

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.29	\$1,438.40

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-(Htfd Apts)30 Woodland, 7I (MCC)
Facility#: 63667
Vendor ID#: 11391

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.63	\$1,448.75

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-(Htfd Apts)31 Woodland Apt. 3L
Facility#: 63755
Vendor ID#: 20449

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.64	\$ 840.72

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-(Htfd Apts)31 Woodland, 5L (SCC)
Facility#: 63669
Vendor ID#: 11393

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.63	\$1,448.75

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-(W. Htfd Apts) B7 (100 Oakwood)
Facility#: 64936
Vendor ID#: 44727

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.62	\$1,296.36

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-(W.Htfd. Apts)104 Oakw. A3 (MCC)
Facility#: 63668
Vendor ID#: 11392

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.64	\$ 871.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-(W.Htfd. Apts)104 Oakw. T4 (SCC)
Facility#: 63670
Vendor ID#: 11394

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.64	\$ 871.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-14 West Center Street (MCC)
Facility#: 631290
Vendor ID#: 47495

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.73	\$ 752.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-16 West Center Street (SCC)
Facility#: 631290 B
Vendor ID#: 47494

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.73	\$ 752.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-188 Hunters Lane (MCC)
Facility#: 63674
Vendor ID#: 11398

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.39	\$ 863.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-202 Hunters Lane (SCC)
Facility#: 63673
Vendor ID#: 11397

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.39	\$ 863.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-288 Allen Ave.
Facility#: 63910
Vendor ID#: 40634

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.96	\$ 941.70

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-37-23 Woodley Court
Facility#: 63880
Vendor ID#: 38410

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.56	\$ 929.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Ansonia CLA (45 Murray St)
Facility#: 64954
Vendor ID#: 44868

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.11	\$ 915.85

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Armand Drive
Facility#: 63283
Vendor ID#: 1341

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.70	\$1,724.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Bolton Street
Facility#: 63533
Vendor ID#: 2694

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.69	\$ 842.24

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Brook Street
Facility#: 631295
Vendor ID#: 47496

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.21	\$ 888.47

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Buckingham Street
Facility#: 63632
Vendor ID#: 9090

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.89	\$ 969.99

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Candee Hill Rd. CLA
Facility#: 64953
Vendor ID#: 44869

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.88	\$1,121.77

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Cheshire Rd
Facility#: 63904
Vendor ID#: 40628

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.94	\$ 971.51

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Chestnut (Town Col,Bldg 29 (MCC)
Facility#: 63874
Vendor ID#: 36626

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.12	\$1,037.82

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Chestnut (Town Col,Bldg 29 (SCC))
Facility#: 63878
Vendor ID#: 30084

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.12	\$1,037.82

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Colony Terrace
Facility#: 63814
Vendor ID#: 28740

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.24	\$1,223.97

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Coppermill Road
Facility#: 62273
Vendor ID#: 47150

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 51.07	\$1,553.38

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Deer Run (548 Allen Av.)
Facility#: 63847
Vendor ID#: 31144

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.15	\$1,190.81

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Dogwood Lane
Facility#: 63672
Vendor ID#: 11396

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.96	\$ 880.87

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Frances Drive
Facility#: 631096
Vendor ID#: 45925

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 49.79	\$1,514.45

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Gooseberry Hill
Facility#: 63584
Vendor ID#: 5316

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 21.99	\$ 668.86

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Indian Trail
Facility#: 64960
Vendor ID#: 45021

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 20.27	\$ 616.55

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Ledge Rd
Facility#: DSLA.280069
Vendor ID#: 48049

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 65.81	\$2,001.72

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Maple Street CLA
Facility#: 64950
Vendor ID#: 44919

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.66	\$1,115.08

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Meriline Avenue
Facility#: 64959
Vendor ID#: 45053

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.11	\$ 946.26

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-North Main St.
Facility#: 63973
Vendor ID#: 42944

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.59	\$1,234.61

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Notch Road
Facility#: 63974
Vendor ID#: 42943

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.90	\$1,213.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Pond Hill Rd
Facility#: 63911
Vendor ID#: 40635

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.71	\$1,025.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Ridgewood
Facility#: 63280061
Vendor ID#: 47985

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 60.94	\$1,853.59

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Seymour CLA (Woodcrest St.)
Facility#: 64951
Vendor ID#: 44870

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.81	\$1,119.64

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Shelton CLA (149 Hillside Ave.)
Facility#: 64952
Vendor ID#: 44871

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.19	\$ 887.86

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-South Curtis St
Facility#: 63900
Vendor ID#: 40623

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 25.72	\$ 782.32

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Spruce Brook Rd
Facility#: 63881
Vendor ID#: 38414

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 48.91	\$1,487.68

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Stagecoach Unit 16 (MCC)
Facility#: 63897
Vendor ID#: 40620

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.01	\$ 943.22

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Stagecoach Unit 17 (SCC)
Facility#: 63898
Vendor ID#: 40621

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.01	\$ 943.22

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Stagecoach Unit 18 (SCC)
Facility#: 63899
Vendor ID#: 40622

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.01	\$ 943.22

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Thornbush Rd
Facility#: DSLA.280094
Vendor ID#: 48114

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 58.25	\$1,771.77

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Thorne Rd
Facility#: 63671
Vendor ID#: 11395

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 22.46	\$ 683.16

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Tower 113 (MCC)
Facility#: 63908
Vendor ID#: 40632

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 20.76	\$ 631.45

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Tower 317 (SCC)
Facility#: 63905
Vendor ID#: 40629

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 20.76	\$ 631.45

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Tower 608 (SCC)
Facility#: 63906
Vendor ID#: 40630

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 20.76	\$ 631.45

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Tower 617 (SCC)
Facility#: 63907
Vendor ID#: 40631

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 20.76	\$ 631.45

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Trumbull St.
Facility#: 63901
Vendor ID#: 40624

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.87	\$ 726.05

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Twiss Ave.
Facility#: 63909
Vendor ID#: 40633

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.32	\$1,195.98

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Two Stone Drive
Facility#: 62166
Vendor ID#: 47149

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.67	\$1,237.05

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Velvet Mills - Apt #703 (SCC)
Facility#: 631294 B
Vendor ID#: 47492

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.73	\$1,543.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Velvet Mills - Apt #G008 (SCC)
Facility#: 0631294
Vendor ID#: 47490

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.73	\$1,543.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Velvet Mills - Apt #G18 (SCC)
Facility#: 631294 C
Vendor ID#: 47491

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.73	\$1,543.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Velvet Mills - Apt 714 (MCC)
Facility#: 631294
Vendor ID#: 47493

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.73	\$1,543.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Woodley Court 57-29 (MCC)
Facility#: 63903
Vendor ID#: 40626

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.40	\$ 833.42

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

RMS Development, Inc.
808 Four Rod Rd.
Kensington CT 06037

RE: RMS-Woodley Court 57-30 (SCC)
Facility#: 63902
Vendor ID#: 40625

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.40	\$ 833.42

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Robin's Nest
94 High Street
Clinton CT 06413

RE: Robins Nest-Fiske Lane
Facility#: DSLA.280030
Vendor ID#: 47910

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.66	\$1,267.16

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Seneca Residential Services
15 NE Industrial Road
Branford CT 06405

RE: SARAH-SENECA - 2 Totoket Road
Facility#: 63131
Vendor ID#: 1360

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.05	\$1,035.69

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Seneca Residential Services
15 NE Industrial Road
Branford CT 06405

RE: SARAH-SENECA - Birch Lane
Facility#: 63034
Vendor ID#: 1355

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.53	\$1,050.29

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Seneca Residential Services
15 NE Industrial Road
Branford CT 06405

RE: SARAH-SENECA - Brantwood Condos
Facility#: 63295
Vendor ID#: 1351

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 27.36	\$ 832.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Seneca Residential Services
15 NE Industrial Road
Branford CT 06405

RE: SARAH-SENECA - Hickory Hill
Facility#: 63765
Vendor ID#: 22804

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.54	\$1,537.26

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Seneca Residential Services
15 NE Industrial Road
Branford CT 06405

RE: SARAH-SENECA - Horseshoe
Facility#: 63550
Vendor ID#: 2469

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.76	\$ 874.78

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Seneca Residential Services
15 NE Industrial Road
Branford CT 06405

RE: SARAH-SENECA - Kelseytown Rd
Facility#: 63886
Vendor ID#: 39869

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 32.09	\$ 976.07

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Seneca Residential Services
15 NE Industrial Road
Branford CT 06405

RE: SARAH-SENECA - Northford(933 Totoket
Facility#: 63978
Vendor ID#: 43053

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 49.42	\$1,503.19

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Seneca Residential Services
15 NE Industrial Road
Branford CT 06405

RE: SARAH-SENECA - Oakgate Drive
Facility#: 63826
Vendor ID#: 29110

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.81	\$1,119.64

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Seneca Residential Services
15 NE Industrial Road
Branford CT 06405

RE: SARAH-SENECA - Stonegate Condos MCC
Facility#: 63175
Vendor ID#: 1358

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.86	\$1,121.16

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Tuxis Residential Services
45 Boston Street
Guilford CT 06437

RE: SARAH-TUXIS - Alps Road
Facility#: 63112
Vendor ID#: 1349

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.47	\$ 744.30

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Tuxis Residential Services
45 Boston Street
Guilford CT 06437

RE: SARAH-TUXIS - Cliff Drive
Facility#: 631201
Vendor ID#: 46956

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.30	\$1,651.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Tuxis Residential Services
45 Boston Street
Guilford CT 06437

RE: SARAH-TUXIS - Guilford Lakes
Facility#: 63346
Vendor ID#: 1357

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.86	\$1,151.58

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Tuxis Residential Services
45 Boston Street
Guilford CT 06437

RE: SARAH-TUXIS - Lambert Road
Facility#: 631232
Vendor ID#: 47156

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.70	\$1,268.38

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Tuxis Residential Services
45 Boston Street
Guilford CT 06437

RE: SARAH-TUXIS - Long Hill Road
Facility#: 63113
Vendor ID#: 1354

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.06	\$ 701.41

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Tuxis Residential Services
45 Boston Street
Guilford CT 06437

RE: SARAH-TUXIS - North High Street
Facility#: 63114
Vendor ID#: 1356

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 25.74	\$ 782.93

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Tuxis Residential Services
45 Boston Street
Guilford CT 06437

RE: SARAH-TUXIS - Opening Hill Road
Facility#: 63396
Vendor ID#: 1350

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 48.53	\$1,476.12

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Tuxis Residential Services
45 Boston Street
Guilford CT 06437

RE: SARAH-TUXIS - Sea Hill Road
Facility#: 63196
Vendor ID#: 1359

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 25.59	\$ 778.36

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Tuxis Residential Services
45 Boston Street
Guilford CT 06437

RE: SARAH-TUXIS - Sunny Hill
Facility#: 631264
Vendor ID#: 47360

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 45.62	\$1,387.61

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sarah-Tuxis Residential Services
45 Boston Street
Guilford CT 06437

RE: SARAH-TUXIS - Wildwood
Facility#: 631192
Vendor ID#: 46921

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.14	\$1,008.01

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

St. Vincents Special Needs Center
95 Merritt Blvd
Trumbull CT 06611

RE: St. Vincent Spc Needs-Knight Hawk
Facility#: 631137
Vendor ID#: 46690

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.87	\$ 878.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

St. Vincents Special Needs Center
95 Merritt Blvd
Trumbull CT 06611

RE: St. Vincent Spc Needs-Larchmont GH
Facility#: 63920
Vendor ID#: 40816

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.23	\$1,223.66

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

St. Vincents Special Needs Center
95 Merritt Blvd
Trumbull CT 06611

RE: St. Vincent Spc Needs-Main Street
Facility#: 63778
Vendor ID#: 25316

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.04	\$ 731.22

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

St. Vincents Special Needs Center
95 Merritt Blvd
Trumbull CT 06611

RE: St. Vincent Spc Needs-Monroe GH
Facility#: 63919
Vendor ID#: 40815

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.65	\$ 932.27

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

St. Vincents Special Needs Center
95 Merritt Blvd
Trumbull CT 06611

RE: St. Vincent Spc Needs-Morning Dew
Facility#: 63793
Vendor ID#: 27145

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.67	\$1,176.21

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

St. Vincents Special Needs Center
95 Merritt Blvd
Trumbull CT 06611

RE: St. Vincent Spc Needs-Old Orchard Rd
Facility#: 63418
Vendor ID#: 1385

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.95	\$ 910.98

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

St. Vincents Special Needs Center
95 Merritt Blvd
Trumbull CT 06611

RE: St. Vincent Spc Needs-Red Maple St
Facility#: 63395
Vendor ID#: 1390

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.61	\$ 718.14

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

St. Vincents Special Needs Center
95 Merritt Blvd
Trumbull CT 06611

RE: St. Vincent Spc Needs-Weicker House
Facility#: 63237
Vendor ID#: 1386

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.21	\$ 918.89

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-Founders Cottage
Facility#: 63218
Vendor ID#: 1370

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.75	\$1,056.98

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-Horizon Transition Apts
Facility#: 63987
Vendor ID#: 43294

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.14	\$1,038.43

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-Kagey House (Park Ln)
Facility#: 63980
Vendor ID#: 43287

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.09	\$ 884.82

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-Murray St.
Facility#: 63985
Vendor ID#: 43292

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.36	\$1,045.12

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-Nor-West Transition Apts.
Facility#: 63981
Vendor ID#: 43288

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 26.71	\$ 812.43

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-O'Brian House (Nortfield)
Facility#: 63988
Vendor ID#: 43295

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.47	\$1,170.13

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-Old Lantern Road
Facility#: 631183
Vendor ID#: 46638

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 51.88	\$1,578.02

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-Ryan House (Toilsome Ave)
Facility#: 63982
Vendor ID#: 43289

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.85	\$1,303.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-Shivers House (Bayne St)
Facility#: 63983
Vendor ID#: 43290

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.63	\$ 901.25

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-Shorehaven Road
Facility#: DSLA-021336
Vendor ID#: 47776

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.41	\$ 924.97

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-Stoler House
Facility#: 63984
Vendor ID#: 43291

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 23.82	\$ 724.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-The Cottage in Darien
Facility#: 631151
Vendor ID#: 46379

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 52.24	\$1,588.97

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Star, Inc.
182 Wolfpit Ave. PO Box 470
Norwalk CT 06852-0470

RE: STAR, Inc.-Wilton Crest
Facility#: 63986
Vendor ID#: 43293

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.51	\$ 867.18

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Bailey Hill Rd 372
Facility#: 631054
Vendor ID#: 45627

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 68.01	\$2,068.64

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Bailey Hill Rd 89
Facility#: 63690
Vendor ID#: 12319

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.79	\$1,240.70

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Beech Mountain Rd.
Facility#: 63540
Vendor ID#: 3817

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.30	\$1,286.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Chestnutland
Facility#: 631181
Vendor ID#: 46576

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 30.70	\$ 933.79

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Church Street
Facility#: 63431
Vendor ID#: 1379

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 43.44	\$1,321.30

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Covell Road
Facility#: 0631293
Vendor ID#: 47565

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.65	\$1,814.35

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Day Street
Facility#: 63689
Vendor ID#: 12320

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 37.81	\$1,150.05

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Hamast Ave.
Facility#: 631103
Vendor ID#: 45939

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.04	\$1,430.80

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Hawkins St.
Facility#: 631117
Vendor ID#: 46072

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.88	\$1,669.27

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-High Ridge Drive
Facility#: 63843
Vendor ID#: 30491

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 49.74	\$1,512.93

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Lake Street
Facility#: 63776
Vendor ID#: 25290

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.16	\$1,616.95

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Lebanon A
Facility#: 631244
Vendor ID#: 47214

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.30	\$1,256.21

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Lebanon B
Facility#: 631245
Vendor ID#: 47215

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.75	\$1,634.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Linwood
Facility#: 631147
Vendor ID#: 46706

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 70.35	\$2,139.81

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Montauk
Facility#: 63848
Vendor ID#: 31193

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.16	\$1,404.03

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Overlook Road CLA
Facility#: 63770
Vendor ID#: 23169

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 64.05	\$1,948.19

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Pine Street
Facility#: 63452
Vendor ID#: 1380

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.33	\$ 740.04

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Pleasant Road
Facility#: 631291
Vendor ID#: 47489

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.99	\$ 912.20

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Ralph Road
Facility#: 63606
Vendor ID#: 8129

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.26	\$1,072.49

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Route 87
Facility#: 63525
Vendor ID#: 2101

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.40	\$1,228.83

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Second Hill
Facility#: 631177
Vendor ID#: 46575

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 33.02	\$1,004.36

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Vernwood Drive
Facility#: 63447
Vendor ID#: 1381

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.23	\$ 949.91

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Wickham Dr.
Facility#: 631128
Vendor ID#: 46183

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 74.66	\$2,270.91

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunrise Northeast, Inc.
80 Whitney Street
Hartford CT 06105

RE: Sunrise Northeast-Wychwood
Facility#: 63846
Vendor ID#: 30991

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 44.36	\$1,349.28

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Sunset Hill, Inc.
139 Eastbrook Rd
Hampton CT 06247

RE: Sunset Hill - Estabrook Road
Facility#: 63733
Vendor ID#: 17133

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 60.93	\$1,853.29

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-167 Spring St.
Facility#: 64038
Vendor ID#: 44187

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 58.89	\$1,791.24

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-25 Center St.
Facility#: 641007
Vendor ID#: 45323

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 61.02	\$1,856.03

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-27 Center St.
Facility#: 641008
Vendor ID#: 45322

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 61.45	\$1,869.10

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-968 Enfield St.
Facility#: 631082
Vendor ID#: 45813

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 83.40	\$2,536.75

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-970 Enfield St.
Facility#: 631078
Vendor ID#: 45783

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 51.44	\$1,564.63

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-Andrew Ln.
Facility#: 64027
Vendor ID#: 44101

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 63.18	\$1,921.73

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-Bloomfield Ave. CLA
Facility#: 64068
Vendor ID#: 44583

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.28	\$1,711.85

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-Broad Street (Unit 1 LL)
Facility#: 631311A
Vendor ID#: 47659

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 55.65	\$1,692.69

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-Broad Street (Unit 2 UL)
Facility#: 631311B
Vendor ID#: 47671

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 59.21	\$1,800.97

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-Forest Rd.
Facility#: 631034
Vendor ID#: 45403

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 72.35	\$2,200.65

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-North St. CLA
Facility#: 64048
Vendor ID#: 44125

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 66.08	\$2,009.93

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-Poquonock Ave.
Facility#: 64008
Vendor ID#: 43749

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 73.54	\$2,236.84

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-River View Drive
Facility#: 631313
Vendor ID#: 47670

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 50.74	\$1,543.34

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-South Main Street
Facility#: 631165
Vendor ID#: 46524

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.49	\$1,292.40

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-Tolland Turnpike
Facility#: 631314
Vendor ID#: 47669

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.88	\$1,638.85

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Vinfen Corporation of CT
950 Cambridge St
Cambridge MA 02141

RE: Vinfen-Windsor Ave. CLA
Facility#: 64067
Vendor ID#: 44582

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.56	\$1,659.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

West Haven Community House Associati
227 Elm St
West Haven CT 06516

RE: West Haven Comm. H - 228 Elm St.
Facility#: 63193
Vendor ID#: 1404

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.23	\$ 737.00

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

West Haven Community House Associati
227 Elm St
West Haven CT 06516

RE: West Haven Comm. H - 40-42 Wood St.
Facility#: 63789
Vendor ID#: 26962

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 44.69	\$1,359.32

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Bloomfield Avenue
Facility#: 631265
Vendor ID#: 47352

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 60.94	\$1,853.59

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Burnham Rd.
Facility#: 63378
Vendor ID#: 1407

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 35.92	\$1,092.57

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Chesbro Bridge Hous
Facility#: 63321
Vendor ID#: 1406

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.29	\$ 890.90

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Chestnut Hill Road
Facility#: 631249
Vendor ID#: 47220

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 72.32	\$2,199.73

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Columbia House
Facility#: 631315
Vendor ID#: 47744

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 64.01	\$1,946.97

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-East St
Facility#: 631317
Vendor ID#: 47742

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.46	\$ 956.91

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Infield Street
Facility#: 63968
Vendor ID#: 42745

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.27	\$1,042.38

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Jerry Brown Rd.
Facility#: 63339
Vendor ID#: 1410

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 26.15	\$ 795.40

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Lambtown Rd.
Facility#: 631116
Vendor ID#: 46090

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.56	\$1,659.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Leffert Rd.
Facility#: 64039
Vendor ID#: 44220

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 58.66	\$1,784.24

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Leighton Road
Facility#: 64063
Vendor ID#: 44546

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 47.54	\$1,446.01

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Marjorie Circle
Facility#: 63337
Vendor ID#: 1414

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 31.39	\$ 954.78

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Mullen Hill Road
Facility#: DSLA.280032
Vendor ID#: 47917

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 88.46	\$2,690.66

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Nathan Hale Rd
Facility#: 631133
Vendor ID#: 46248

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 53.21	\$1,618.47

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-North Stonington House
Facility#: 63328
Vendor ID#: 1408

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 24.31	\$ 739.43

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Northam Rd.
Facility#: 63360
Vendor ID#: 1411

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 46.53	\$1,415.29

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Old Kimball Rd.
Facility#: 63578
Vendor ID#: 2087

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 25.28	\$ 768.93

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-One Day Break
Facility#: 63967
Vendor ID#: 42744

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 61.97	\$1,884.92

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Pine Grove Group Home
Facility#: 63576
Vendor ID#: 1337

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 25.44	\$ 773.80

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Pinney Street
Facility#: 631319
Vendor ID#: 47740

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.79	\$1,301.53

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Preston House
Facility#: 63352
Vendor ID#: 1419

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.48	\$ 866.27

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Prince Hill Rd
Facility#: DSLA.280063
Vendor ID#: 47995

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 57.97	\$1,763.25

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Putnam Tpk-Ability Hous
Facility#: 63579
Vendor ID#: 1339

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 29.96	\$ 911.28

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Scarborough Rd. House
Facility#: 63364
Vendor ID#: 1413

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 40.38	\$1,228.23

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Scofield Rd.
Facility#: 63400
Vendor ID#: 1405

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 36.35	\$1,105.65

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Seabreeze
Facility#: 63676
Vendor ID#: 11400

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 28.89	\$ 878.74

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Squaw Rock (Green Hollow Road)
Facility#: 631320
Vendor ID#: 47743

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 42.17	\$1,282.67

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Whole Life, Inc.
216 Broad Street
New London CT 06320

RE: Whole Life, Inc.-Titterton Rd.
Facility#: 64062
Vendor ID#: 44545

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 56.18	\$1,708.81

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Windsor Indpn. Living Assoc.
P.O. Box 908
Windsor CT 06095

RE: WILA, Inc.-40 Phelps St.
Facility#: 63238
Vendor ID#: 1421

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 41.82	\$1,272.03

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Windsor Indpn. Living Assoc.
P.O. Box 908
Windsor CT 06095

RE: WILA, Inc.-575 Poquonock Ave.
Facility#: 631071
Vendor ID#: 45748

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 60.29	\$1,833.82

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Windsor Indpn. Living Assoc.
P.O. Box 908
Windsor CT 06095

RE: WILA, Inc.-70 Mack St.
Facility#: 63104
Vendor ID#: 1424

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 34.53	\$1,050.29

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Windsor Indpn. Living Assoc.
P.O. Box 908
Windsor CT 06095

RE: WILA, Inc.-Carriage Way
Facility#: 631267
Vendor ID#: 47358

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 54.20	\$1,648.58

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Windsor Indpn. Living Assoc.
P.O. Box 908
Windsor CT 06095

RE: WILA, Inc.-Lockview Dr.
Facility#: 63211
Vendor ID#: 1415

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 38.69	\$1,176.82

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC

Andrea Barton Reeves, J.D.
Commissioner.

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

July 21, 2025

Windsor Indpn. Living Assoc.
P.O. Box 908
Windsor CT 06095

RE: WILA, Inc.-Parkwood
Facility#: 631205
Vendor ID#: 47014

Dear Provider:

Effective July 1, 2025, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-244 of the Connecticut General Statutes and Regulation of Connecticut State Agencies 17-313b-5:

Rate Period	Licensure	Per Diem	Monthly
7/1/2025-6/30/2026	CLA	\$ 39.99	\$1,216.36

Pursuant to Public Act 25-168, rates reflect the application of inflationary adjustments. If applicable, rates will reflect adjustments to allowable fair rent.

Please note, rates are subject to further adjustment for after-discovered differences in cost data which may take place, particularly as a result of field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim replacement, or other reasons could result in a revision to the rate or rates issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and request a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to con-ratesetting.dss@ct.gov and cida.dss@ct.gov.

Any questions or correspondence concerning this rate should be directed to the Department of Social Services, Reimbursement and CON at cida.dss@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner

cc: A Davis, DSS
B. Mitchell, DSS
Myers & Stauffer, LLC