

April 8, 2020

Sharon Health Care Center  
27 Hospital Hill Road  
Sharon, CT 06069

Provider No.: 000020941

Dear Mr. Santilli:

The following conditional interim rate has been approved pursuant to Section 17b-340 of the Connecticut General Statutes, as amended, and Section 17-311-55 of the Regulations of Connecticut State Agencies, promulgated pursuant thereto, for State-aided residents at your facility effective for the period indicated.

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
4/1/2020 - date Governor declares as end of Public Health Emergency	CCNH-COVID	\$600.00
4/1/2020 - date Governor declares as end of Public Health Emergency	CCNH-NONCOVID	\$284.13

Until the facility has reached 75% occupancy of residents who have tested positive for COVID-19, the Department of Social Services (the Department) will reimburse the facility using the CCNH-COVID per diem for individuals who have tested positive, and the CCNH-NONCOVID per diem for individuals who have not tested positive. At and above a rate of 75% occupancy of residents who have tested positive for COVID-19, the Department will reimburse the facility using the CCNH-COVID per diem for all residents of the facility.

Under Section 17b-340(a) of the Connecticut General Statutes (CGS), the Department has the authority to reimburse nursing facilities for extraordinary and unanticipated costs necessary to avoid an immediate negative impact on the health and safety of residents. The interim rate and subsequent interim and prospective rates, as applicable, are subject to the following agreed upon conditions:

- Using a mutually agreed upon report format, the Department will complete a monthly cost and expense review of the above CCNH-COVID per diem, for consideration of expenses that exceed the above CCNH-COVID per diem of \$600.
- The interim rate for the Rate Period will be revised using a short period COVID report filing that will apply to the Rate Period. All reported costs are subject to audit and application of allowable cost provisions of statutes and regulations.
- All cost category caps and minimum occupancy requirements shall be waived for the Rate Period.
- Administrative management/management company expenses shall continue to be paid at the current allowable costs per day for Sharon Health Care.
- The Department and Athena Health Care will, prior to the end of the Rate Period, mutually agree upon a revised rate and reasonable time period for fill-up of Sharon Health Care to average pre-Rate Period census.

You are advised that interim rates will be replaced pursuant to the provisions of the above referenced statutes, regulations and stated conditions. Retroactive adjustments will be made when the above referenced reports have been filed and processed. All rates are subject to adjustment for after-discovered differences in cost report data, particularly as a result of field audit.

Please acknowledge your understanding and agreement with the foregoing by signing below and returning the signed original of this letter to Kate McEvoy, Director of Health Services, Department of Social Services.

Sincerely,

Michael Gilbert  
Deputy Commissioner

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Larry Santilli, President  
Athena Health Care

cc: A. Davis  
S. Ouelette  
M&S