



TO: CT Home Care Program Service Providers  
 RE: Important Change to CHC Fee Schedule

The purpose of this provider bulletin is to notify Connecticut Home Care (CHC) Service Providers of a rate increase. In accordance with Section 17b-343 of the Connecticut General Statutes and the budget for SFY 2015, the fee schedule for the CT Home Care Program for Elders is updated as follows. These changes were effective January 1, 2015.

**2015 CHC Rates**

**Adult Day Health:**

|       |   |          |
|-------|---|----------|
| 1201z | Full Day/Approved Medical Model Providers | \$ 70.92 |
| 1200z | Full Day/Non-Medical Providers            | \$ 66.84 |
| 1202z | Half Day                                  | \$ 44.99 |

**Personal Care Attendant:**

|       |   |           |
|-------|---|-----------|
| 1021z | Personal Care Attendant Agency/per quarter hour     | \$ 4.77   |
| 1023z | Agency/per diem                                     | \$ 181.80 |
| 1022z | Agency/overnight                                    | \$ 133.32 |
| 3022z | Agency/overnight, pro-rated hourly                  | \$ 11.11  |
| T1019 | Personal Care Attendant Individual/per quarter hour | \$ 4.24   |
| 1019z | Individual/per diem                                 | \$ 166.20 |
| 1227z | Individual/per diem, pro-rated hourly               | \$ 6.31   |
| 1020z | Individual/overnight                                | \$ 121.87 |
| 3020z | Individual/overnight, pro-rated hourly              | \$ 9.25   |
| 1225Z | Agency/per diem, pro-rated, hourly                  | \$ 7.58   |
| 3024z | Respite/Agency, overnight, pro-rated hourly         | \$ 11.11  |
| 3025z | Respite/Agency per diem pro-rated hourly            | \$ 7.58   |
| 3026z | Respite/Agency, overnight                           | \$ 133.32 |
| 3027z | Respite/Agency, per 15 minutes                      | \$ 4.77   |

|       |                          |           |
|-------|--------------------------|-----------|
| 3028z | Respite/Agency, per diem | \$ 181.80 |
|-------|--------------------------|-----------|

**Other Services:**

|       |  |          |
|-------|--|----------|
| 1256z | Mental Health/office visit   | \$ 44.78 |
| 1247z | Mental Health/home visit   | \$ 54.79 |
| 1206z | Chore Agency/per quarter hour  | \$ 4.12  |
| 1210z | Companion Agency/per quarter hour  | \$ 3.67  |
| 1214z | Homemaker Agency/per quarter hour  | \$ 4.12  |
| 1397z | Assistive Technology <i>Up to a maximum of \$1000.00 per year per client</i> |          |

**Services with Variable Rates:**

*Prior Authorization Required*

|       |   |                     |
|-------|---|---------------------|
| 1208z | Highly Skilled Chore                    | \$ varies           |
| 1209z | Minor Home Modification                 | \$ varies           |
| 1417z | Environmental Accessibility Adaptations | Up to max of \$3000 |

**Meals on Wheels Meal Service:**

|       |                      |         |
|-------|----------------------|---------|
| 1218z | Single Meal          | \$ 4.84 |
| 1220z | Double Meal          | \$ 8.85 |
| 1221z | Double Meal – Kosher | \$ 8.85 |

**Respite Care:**

|       |   |           |
|-------|---|-----------|
| 1226z | In The Home 1/4 hour Companion                | \$ 3.67   |
| 1228z | In The Home 1/4 hour-Homemaker                | \$ 4.12   |
| 1230z | In The Home 1/4 hour Home Health Aide         | \$ 6.17   |
| 1232z | In The Home/per hour other                    | \$ 11.28  |
| 1234z | Rest Home w/nursing supervision/per day       | \$ 260.08 |
| 1236z | Chronic Convalescent Nursing Facility/per day | \$ 260.08 |
| 1240z | Licensed Home for the Aged/per day            | \$ 260.08 |

Questions? Need assistance? Call the HP Provider Assistance Center Mon.–Fri. 8:00 a.m. – 5:00 p.m.  
 Toll free at 1-800-842-8440 or write to HP, PO Box 2991, Hartford, CT 06104  
 Program information is available at [www.ctdssmap.com](http://www.ctdssmap.com)

|       |                          |          |
|-------|--------------------------|----------|
| 1244z | Out of the Home/per hour | \$ 11.28 |
|-------|--------------------------|----------|

**Personal Emergency Response System (PERS):**

|       |                                   |          |
|-------|-----------------------------------|----------|
| 1222z | Initial Installation              | \$ 35.35 |
| 1223z | Ongoing Service two way/per month | \$ 58.91 |

**Transportation (Non-Medical)  
Prior Authorization Required:**

|       |  |           |
|-------|--|-----------|
| 1262z | Social Transportation Taxi/per trip          | \$ 88.42  |
| 1264z | Social Transportation Livery/per trip        | \$ 88.42  |
| 1266z | Social Transportation Invalid Coach/per trip | \$ 156.04 |

**Adult Family Living:**

|       |            |           |
|-------|------------|-----------|
| S5140 | Per Diem   | \$ 43.01  |
| 5140x | Per Diem 2 | \$ 64.03  |
| 5140y | Per Diem 3 | \$ 78.05  |
| 5140z | Per Diem 4 | \$ 108.13 |

**Accessing the Fee Schedules:**

Fee schedules can be accessed and downloaded from the Connecticut Medical Assistance Program Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”. Click on the “I accept” button and proceed to click on CSV for “CT Home Care”, press the control key while clicking the CSV link, then select “Open”.

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

