



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
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**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
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**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.

