



**Connecticut Medical Assistance Program**  
Policy Transmittal 2025-25

Provider Bulletin 2025-67  
December 2025

Andrea Barton Reeves, J.D., Commissioner

Effective Date: January 1, 2026  
Contact: See Contact

**TO: Connecticut Home Care Program for Elders (CHCPE), Acquired Brain Injury (ABI), Personal Care Assistance (PCA), Mental Health and Autism Waiver Service Providers, Home Health Agencies**

**RE: Rate Increases for Select Home Health and Home and Community Based Services (HCBS) Effective January 1, 2026**

*This provider bulletin (PB) supersedes [PB 23-60](#) Rate Increases for Select Home Health and Home and Community Based Services (HCBS) Effective June 1, 2023.*

The Department of Social Services (DSS), in response to the increase in the minimum wage, is increasing rates by 4.9% for the following waiver service providers, effective January 1, 2026:

- Connecticut Home Care Program for Elders (CHCPE)
- Acquired Brain Injury (ABI)
- Personal Care Assistance (PCA)
- Mental Health
- Autism

An update to the appropriate fee schedules will be posted on the Connecticut Medical Assistance Program Web site with the effective date of January 1, 2026.

The 4.9% rate increase has been applied to the following procedure codes:

**Agency-Based Services**

**1214Z** - Homemaker Service - Agency - Per 1/4 Hour

**1542P** - Homemaker Services Per 1/4 Hour

**1210Z** - Companion Service - Agency Per 1/4 Hour

**1536P** - Companion Services Per 1/4 Hour

**1206Z** - Chore Service Agency 1/4 Hour

**1532P** - Chore Services Per 1/4 Hour

**1211P** - Recovery Assistant

**1212P** - Recovery Assistant II

**1213M** - Recovery Assistant Agency, Per 15 Minutes

**1214M** - Recovery Assistant, Group, 2 Clients

**1215M** - Recovery Assistant, Group, 3 Clients

**1216M** - Recovery Assistant, Group, 4 Clients

**1217M** - Recovery Assistant, Overnight, Per 15 Min

**1396Z** - Community Mentor agency per 15 minutes

**1021Z** - Personal Care Services: Per 15 Minutes

**1022Z** - Personal Care Services: Overnight, Agency

**1023Z** - Personal Care Services: Per Diem, Agency

**3022Z** - PCA Agency Overnight Prorated Hourly

**1225Z** - PCA Agency, Per Diem, Prorated, Hourly

**1226Z** - Respite Care In the Home 1/4 Hour Companion

**1228Z** - Respite Care In The Home 1/4 -Home

**1230Z** - Respite Care In The Home 1/4 Hour-Home

**1232Z** - Respite Care In the Home Per Hour-Other

**1244Z** - Respite Care Out Of The Home-Per Hour-OT

**1402Z**- Respite-Facility Based Out of Home Per Diem  
**1404Z**- Respite Agency in Home Individual Per 15 Minutes  
**1406Z**- Respite Agency Out of Home Individual Per 15 Minutes  
**3024Z**- Respite PCA Agency Overnight Prorated  
**3025Z**- Respite PCA Agency Per Diem Prorated  
**3026Z**- Respite PCA Agency Overnight  
**3027Z**- Respite PCA Agency Per 15 Minutes  
**3028Z**- Respite PCA Agency Per 15 Minutes  
**5151D**- Individual Respite Agency Unskilled Respite Care

### Adult Day Health

**1200Z** - Adult Day Health - Full Day (Non-Medical Model Provider)  
**1201Z** - Adult Day Health - Full Day (Approved Medical Model Provider)  
**1202Z** - Adult Day Health - Half Day (Less Than or Equal To 4 Hrs.)

### Assisted Living

**1430Z** - Occasional Personal Services-Per Day  
**1431Z** - Limited Personal Services - Per Day  
**1432Z** - Moderate Personal Services - Per Day  
**1433Z** - Extensive Personal Services - Per Day  
**1434Z** - Core Assisted Living Services - Per Day  
**1435Z** - Demo Project/Occasional Personal Services - Per Day  
**1436Z** - Demo Project/Limited Personal Services - Per Day  
**1437Z** - Demo Project/Moderate Personal Services - Per Day  
**1438Z** - Demo Project/Extensive Personal Services - Per Day  
**1439Z** - Demo Project/Core Assisted Living Services - Per Day

Please access the appropriate waiver fee schedule for Respite procedure codes subject to the 4.9% rates increase.

### Home Health Aide

**T1004** - Services of a qualified nursing aide up to 15 minutes.  
**T1021** - Home health aide (HHA) or certified nurse assistant (CNA), per visit.

### Electronic Visit Verification (EVV) and Billing Instructions:

Home Health agencies and waiver service providers who submit Electronic Visit Verification (EVV) mandated services to Gainwell Technologies for claim adjudication via the Santrax system must update their Master Rates to the usual and customary rates for dates of service beginning January 1, 2026, in their Sandata database prior to billing claims for dates of service January 1, 2026, and forward via the Sandata system.

Home Health agencies and waiver service providers are encouraged to refer to the “Billing Rates” document by clicking on “Electronic Visit Verification” then “New Provider Information” then “Welcome Kit” then “Billing Rates” for assistance in updating their usual and customary rates in their Santrax system. Please click the link below to access the “Billing Rates” document from the [www.ctdssmap.com](http://www.ctdssmap.com) Web site home page or use the link provided below.

### EVV Welcome Kit

### Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable fee schedule. To access the

PDF file, click on the PDF icon for the Home Health fee schedule.

**Posting Instructions:** Policy transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

**Responsible Units:**

**Home Health Services** - DSS, Division of Health Services, Medical Policy; Dana Robinson-Rush, Health Program Assistant, email [dana.robinson-rush@ct.gov](mailto:dana.robinson-rush@ct.gov).

**Waivers** - CT Home Care Program for Elders, Personal Care Assistant, Acquired Brain Injury, Autism): - DSS, Division of Health Services, Community Options; Hope Mitchell-Williams, Health Program Supervisor, email [hope.mitchell-williams@ct.gov](mailto:hope.mitchell-williams@ct.gov)

**Electronic Visit Verification** email [ctevv@gainwelltechnologies.com](mailto:ctevv@gainwelltechnologies.com).