



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2025-02**

Provider Bulletin 2025-03  
January 2025

Andrea Barton Reeves, J.D., Commissioner

Effective Date: October 01, 2024  
Email: [christine.weston@ct.gov](mailto:christine.weston@ct.gov)

**TO: Access Agencies and Home Health Agencies**

**RE: New Services added to select Home and Community Based Services Medicaid Waiver Programs – Community Aging in Place-Advancing Better Living for Elders (CAPABLE)**

Effective 10/1/2024, the Department of Social Services (DSS) is adding the following evidence-based services to certain DSS Medicaid waiver programs:

- Training and Counseling Services for Unpaid Caregivers Supporting Participants, a.k.a. **Care of Older People in their Environment (COPE) and Confident Caregiver**
- Participant Training and Engagement to Support Goal Attainment and Independence, a.k.a. **Community Aging in Place-Advancing Better Living for Elders (CAPABLE)**

These new services are being included under the Connecticut Home Care Program for Elders (CHCPE), Personal Care Assistance (PCA), Acquired Brain Injury (ABI) I & II, and Autism waivers.

Please note, the primary purpose of this bulletin is to disseminate helpful information concerning CAPABLE (i.e., service rates, provider qualifications, authorizations, etc.). Similar information pertaining to COPE/Confident Caregiver can be found in Provider Bulletin 2025-02.

**Services Overview**

**CAPABLE** helps adults function safely in their homes with a teaming approach of an Occupational Therapist (OT), Registered Nurse (RN), and a Handy worker. CAPABLE evaluates both the home environment and the

capacity of the adult to ensure the adult's home surroundings promote function and independence. The adult identifies self-care goals and the OT & RN help to achieve the goals. Minor home repair, modifications, and assistive devices are included within a budget. Services will be authorized up to 6 OT visits, 4 RN visits, and 1-2 Handy worker visits.

\*It is important to note that COPE/Confident Caregiver and CAPABLE services cannot be provided to a participant at the same time. Additionally, each service may not be authorized to the same participant more than once within a calendar year.

\*Furthermore, OT and RN services provided under CAPABLE do not supplant the need for traditional OT and RN services.

**Service Rates**

Under the American Rescue Plan Act (ARPA) Section 9817, DSS is including a 10% rate add-on, approved through June 30, 2025.

**Service rates through dates of service 6/30/2025**

Services	Procedure Code	Rate/15 minutes
CAPABLE RN	G9002	\$31.16
CAPABLE OT	G9006	\$31.16
CAPABLE Environmental Accessibility	1417Z	Up to \$2,000 each procedure

CAPABLE Assistive Technology	1397Z	code with prior authorization
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**Service rates effective 7/1/2025 forward**

Services	Procedure Code	Rate/15 minutes
CAPABLE RN	G9002	\$28.33
CAPABLE OT	G9006	\$28.33
CAPABLE Environmental Accessibility	1417Z	Up to \$2,000 each procedure
CAPABLE Assistive Technology	1397Z	code with prior authorization

**Provider Qualifications**

At this time, only Home Health Agencies (HHAs) licensed by the Connecticut Department of Public Health (DPH) and enrolled under the Connecticut Medical Assistance Program (CMAP), i.e., Provider Type/Specialty 05/050, can participate as CAPABLE billing providers. Each HHA must obtain a CAPABLE license; OTs and RNs employed by a HHA, as well as contracted Handy workers, must complete a self-paced online training before rendering CAPABLE services.

Training costs for CAPABLE will be covered during the ARPA Section 9817 reinvestment period through 6/30/2025. Providers joining after 6/30/2025 will be responsible for costs associated with CAPABLE training & licensure.

Individual OTs, including OTs who otherwise bill through an OT Group, can possibly participate if under contract with HHAs.

**Provider Credentialing Process**

HHAs wishing to provide CAPABLE services must contact DSS' Community Options (CO) Unit via email at

[DSSCOPECAPABLEattestation@ct.gov](mailto:DSSCOPECAPABLEattestation@ct.gov) to initiate the credentialing process.

DSS verifies if the provider is DPH-licensed and CMAP-enrolled. Once DSS confirms the provider meets these qualifications, DSS will refer the provider to the CAPABLE National Center

([CAPABLEInfo@CAPABLEnationalcenter.org](mailto:CAPABLEInfo@CAPABLEnationalcenter.org)). The HHA signs an agreement with the CAPABLE National Center to become a licensed CAPABLE site. Once the HHA has signed with the CAPABLE National Center, a one-page license will be issued along with the CAPABLE Implementation Manual and personal support from an Implementation Specialist & Clinical Training Specialist.

The CAPABLE National Center will provide online training access to each registered individual. HHAs should maintain each staff member's training completion certificate for recordkeeping purposes.

During the ARPA Section 9817 reinvestment period, DSS will request a full list of trainees from providers in order to properly apprise the CAPABLE National Center about the number of trainees and track all ARPA-funded training.

**Enrollment**

HHAs not already enrolled as a Medicaid provider must first enroll by accessing the CMAP Web site at [www.ctdssmap.com](http://www.ctdssmap.com) and clicking on "Provider" followed by "Provider Enrollment". Upon submission of the online application, providers will receive an Application Tracking Number (ATN). The ATN must be placed on all follow-on documents required to enroll as a HHA sent to Gainwell Technologies. If the application is approved by DSS, an enrollment approval letter will be sent and under separate cover a PIN letter. Documentation contained in both letters will be needed for the HHA to set-up a secure Web account. Once a secure Web

account has been established, the HHA must upload a copy of their CAPABLE license, provided by the CAPABLE National Center. For further instructions about how to upload the CAPABLE license to your provider file, please see the *CAPABLE Document Upload Process* in this bulletin.

HHAs will not need to re-enroll outside of the standard two-year CMAP enrollment period to perform CAPABLE services. However, verification of CAPABLE provider qualifications and credentialing is required every two years and the most current CAPABLE license must be associated to the HHA's enrollment file. To reiterate, only CAPABLE trained and certified staff can provide CAPABLE services.

### **CAPABLE Document Upload Process**

To complete the CAPABLE enrollment process, a HHA should upload the CAPABLE license under their active provider ID to Gainwell Technologies' secure Web portal at <https://www.ctdssmap.com/CTPortal/Provider/Secure-Site>. Before doing so, HHAs should click the link to review the [Certification and Document Upload Guide](#).

This Guide provides detailed instruction with illustration on:

- General access and login to your secure Web account, Certification/License Entry and Document Upload
- CAPABLE specific information relating to Certification/License Entry and Document Upload
- Sample CAPABLE license

The Guide can also be found on the Provider Training Web page via the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page, click on the Provider Training link.

Under the Materials Heading, locate and click on the “Home Health Workshops” link to access the “Certification and Document Upload Guide”.

### **Service Authorization**

Once HHAs have completed the CAPABLE provider enrollment process and their staff have fulfilled the appropriate trainings, HHAs are then ready to provide the services. DSS will maintain a list of qualified CAPABLE providers.

The Access Agencies are responsible for creating Care Plans, referring a participant to a qualified CAPABLE provider, and entering Prior Authorizations (PAs).

For Autism waiver clients, PA will be required from the DSS Autism Waiver Case Manager or Case Management Supervisor.

PA is required for all services under CAPABLE. Once the Autism Waiver Case Manager or Case Management Supervisor enters the PA, or the Access Agency uploads the approved PA to Gainwell Technologies, the PA will be displayed under the HHA's secure Web account on the CMAP Web site via the Prior Authorization menu by selecting “Prior Authorization Search”. Access to view PA must be assigned to the user via the provider's secure Web account Primary Account holder.

### **Fee Schedule**

The Home Health fee schedule will be updated with the new codes specific to CAPABLE. The fee schedule can be accessed and downloaded by going to the CMAP Web site at [www.ctdssmap.com](http://www.ctdssmap.com). From the Home page, go to “Provider”, then to “Provider Fee

Schedule Download”, scroll to the bottom of the page, click on “I Accept”, and locate the applicable fee schedule. To access the PDF file, click on the PDF icon for the Home Health fee schedule.

### **Important Claim Submission Information**

In order to receive the rate indicated for CAPABLE services through 6/30/2025, HHAs must bill with a **V1** modifier. This modifier is not required to be on the PA. However, the **V1** modifier must be associated to the procedure code(s) on the claim, as failure to do so will result in a claim denial.

CAPABLE services are non-applicable for Electronic Visit Verification (EVV). As a result, these services may be billed via the HHA’s secure Web account, vendor software, contracted billing service or clearing house. Paper claims are not allowed.

### **Questions**

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

### **Responsible Unit:**

DSS, Division of Health Services,  
Community Options Unit, Christine Weston  
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