



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

Effective for dates of service on and after September 1, 2020, the Department of Social Services (DSS), in response to the increase in the state's minimum wage, is increasing rates by 2.3% for the following waiver service providers:

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

This 2.3% rate increase also applies to licensed Home Health Agencies providing home health aide services, as specified below.

An update to the fee schedule will be posted on the Connecticut Medical Assistance Program Web site with an effective date of September 1, 2020.

APPLICABLE BILLING CODES

The 2.3% rate increase will be 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 ¼ Hour**

- 1206Z - Chore Service Agency 1/4 Hour**
- 1532P - Chore Services Per ¼ Hour**
- 1211P – Recovery Assistant**
- 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**

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 fee schedule for Respite procedure codes subject to the 2.3% rate increase.

Home Health Aide

T1004 - Services of a qualified nursing aide up to 15 min.

T1021 - Home health aide (HHA) or certified nurse assistant (CNA), per visit

ELECTRONIC VISIT VERIFICATION (EVV) AND BILLING INSTRUCTIONS

CHCPE, ABI, PCA, Mental Health and Autism Waiver service providers who submit Electronic Visit Verification (EVV) mandated and optional services to Gainwell Technologies for claim adjudication via the Santrax system must enter their updated usual and customary rates for dates of service September 1, 2020 into their Sandata database prior to billing claims for dates of service September 1, 2020 and forward via the Sandata system.

CHCPE, ABI, PCA, and Autism 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 Web site home page.

https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/evv_billing_rates.pdf

Providers who have submitted claims at the previously allowable rate via EVV must first fully recoup the claim using the www.ctdssmap.com secure Web portal or via an 837 electronic transaction. Claims must then be rolled back in EVV and resubmitted to obtain the new rate.

Providers who have submitted claims at the previously allowed rate outside of EVV must adjust their claims via the Web portal or electronic 837 transaction to obtain the new rate.

MASS ADJUSTMENT PROCESS

Providers who have submitted claims equal to or greater than the new allowable rate will have their claim systematically adjusted in the next rate mass adjustment cycle following the month in which rates were received.