



TO: CT Home Care Program Service Providers
 RE: Provider Enrollment for New CT Home Care Program Services

The purpose of this provider bulletin is to notify CHC Service Providers of new services covered by the Connecticut Home Care Program for Elders as of July 1, 2015. Existing providers are encouraged to recruit staff for these services. New providers are also encouraged to enroll. These new services are available to be billed by existing providers as of July 1, 2015.

Enrollment

New providers must be credentialed by Allied Community Resources @alliedcommunityresources.org. Once credentialed, providers must enroll at www.ctdssmap.com, by selecting Provider, then Provider Enrollment. Providers will be directed to the enrollment wizard.

New Services

Following are the new services, procedure codes and rates:

1321Z Care Transitions (Access Agencies only)	\$142.28
1322Z Bill Payer	\$ 5.00
1333Z Chronic Disease Self- Management	\$ 50.00
1213M Recovery Assistant Agency	\$ 5.65
2040Z Support Broker	\$ 10.83
2030Z Support Broker Individual	\$ 10.50

Services Definitions

Care Transitions

The care transition service is an evidence-based set of actions designed to ensure health care coordination, continuity and avoidance of preventable poor outcomes in vulnerable participants as they move between institutional and home and community based settings. Core

activities include: building a trusting relationship, facilitating coaching and teaching, helping participants identify “red flags” to prevent readmissions, understand contributing factors for current admission, scheduling timely follow up with primary care providers, and partnering with hospital care coordinators to enhance continuity of care. Service includes either a home visit or telephone follow up no more than 72 hours after discharge.

The service is available only to those who have been enrolled in the waiver as an active participant which means they are receiving waiver services. This service is not available to waiver applicants. The service may only be provided to Access Agencies, limited to no more than one unit in 60 days and cannot be billed concurrently with a status review. The rate is based on one unit.

Bill Payer

A bill payer is a trained agency staff member who is paired with a client that is having difficulty managing their routine monthly finances. Staff member assists with writing check’s that the client signs, budgeting, paying bills on time, balancing a checkbook, and Social Security and Medicare questions and problems. The person can assist with applications for financial assistance programs, medical insurance claims and other financial matters including applications for senior housing and medical insurance.

Provider Qualifications: Any agency providing bill payer service must be bonded and insured. The bill payer’s activities must be overseen by the agency administrator or their designee. Coaching should be provided to the



bill payer as needed. Online banking and bill paying is an option as part of these service.

The rate is based on ¼ hour units of service. The service is limited to 3 hours per month.

Chronic Disease Self-Management Program

The Chronic Disease Self-Management Program (Live-Well) is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves.

Subjects covered include:

- 1) techniques to deal with problems such as frustration, fatigue, pain and isolation,
- 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance,
- 3) appropriate use of medications,
- 4) communicating effectively with family, friends, and health professionals,
- 5) nutrition,
- 6) decision making, and
- 7) how to evaluate new treatments.

The program is helpful for people with chronic conditions, as it gives them the skills to coordinate all the things needed to manage their health, as well as to help them keep active in their lives. The therapeutic goals of the service are adjustment to serious impairments, maintenance or restoration of physical functioning, self-management of chronic disease, acquisition of skills to address minor depression management of personal care and development of skills to address minor depression, management of personal care and development of skills to work with care providers including behavior management. The program is also available in Spanish and is Tomando Control de su Salud.

The program provides up to six sessions of two hours each. The participant is strongly encouraged to attend all six sessions. The service is limited to one six session service per calendar year.

The rate is per session.

Recovery Assistant Agency

A flexible range of supportive assistance provided face-to-face; a service that enables a participant to maintain a home/apartment, encourages the use of existing natural supports, and fosters involvement in social and community activities. Service activities include: performing household tasks, providing instructive assistance, or cuing to prompt the participant to carry out tasks (e.g., meal preparation, routine household chores, cleaning, laundry, shopping, and bill-paying; and participation in social and recreational activities), and providing supportive companionship. The Recovery Assistant may also provide instruction or cuing to prompt the participant to dress appropriately and perform basic hygiene functions; supportive assistance and supervision of the participant; and short-term relief in the home for a participant who is unable to care for himself/herself when the primary caregiver is absent or in need of relief. The Recovery Assistant service is provided to persons with a mental health or substance abuse diagnosis.

The rate is based on ¼ hour units of service.

Support Broker Agency and Individual

Support and consultation is provided to individuals and/or their families to assist them in directing their own supports. This service is limited to those who direct their own supports.

The services included are:

Assistance with developing a natural community support network; support with and

training on how to hire and train staff; training and support with managing staff; accessing community activities and services, including helping the individual and family with the coordination of needed services; developing and maintaining an emergency backup plan; self - advocacy training and support.

The service is limited to those who direct their own supports. Maximum allocation is 10% of the consumer's Personal Care Assistance (PCA) waiver service budget. This service is available after the participant has exhausted the \$500 annual benefit available under the Community First Choice state plan option.

The rate is based on ¼ hour units of service.

Accessing the Fee Schedules:

Fee schedules can be accessed and downloaded by accessing the Connecticut Medical Assistance Program Web site: 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.

