



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

Telephone
(860) 424-5693

Facsimile
(860) 424-4860

TDD
1-800-842-4524

KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Charter Oak/Rice Heights
21 Grand Street
Hartford, CT 06106

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/16 – 9/30/17</u>
Medical	004236007	\$144.09
Dental	004235992	\$140.86
Mental Health/Substance Abuse	004236015	\$162.48

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

- cc: S. Oeullette
- M. Gilbert
- N. Holmes
- H. Massari
- D. Robinson-Rush



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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Community Health Center, Inc.
635 Main Street
Middletown, CT 06457

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/16 – 9/30/17</u>
Medical	004236346	\$156.54
Dental	004236354	\$152.70
Mental Health/Substance Abuse	004236338	\$179.92

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

cc: S. Oeullette
M. Gilbert
N. Holmes
H. Massari
D. Robinson-Rush



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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Community Health Services, Inc.
500 Albany Avenue
Hartford, CT 06120

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

Table with 3 columns: Service, Provider No., Rate Per Visit (10/1/16 - 9/30/17). Rows include Medical, Dental, and Mental Health/Substance Abuse with corresponding provider numbers and rates.

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

- cc: S. Oeullette
M. Gilbert
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D. Robinson-Rush



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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Community Health & Wellness Center of Greater Torrington
469 Migeon Avenue
Torrington, CT 06790

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

Table with 3 columns: Service, Provider No., Rate Per Visit (10/1/16 - 9/30/17). Rows include Medical, Dental, and Mental Health/Substance Abuse with corresponding provider numbers and rates.

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

- cc: S. Oeullette
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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Conn. Institute for Communities, Inc.
57 North Street, Suite #309-311
Danbury, CT 06810-5660

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

Table with 3 columns: Service, Provider No., Rate Per Visit (10/1/16 - 9/30/17). Rows include Medical (\$153.50) and Mental Health/Substance Abuse (\$169.36).

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

- cc: S. Oeullette
M. Gilbert
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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Fair Haven Community Health Center
374 Grand Avenue
New Haven, CT 06513

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

Table with 3 columns: Service, Provider No., Rate Per Visit (10/1/16 - 9/30/17). Rows include Medical, Dental, and Mental Health/Substance Abuse.

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Kathleen M. Brennan (handwritten signature)

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

- cc: S. Oeullette
M. Gilbert
N. Holmes
H. Massari
D. Robinson-Rush



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KATHLEEN M. BRENNAN
 Deputy Commissioner

September 27, 2016

Family Centers Health Care at Wilbur Peck Court
 1 Wilbur Peck Court
 Greenwich CT 06830-6354

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/16 – 9/30/17</u>
Medical	008066994	\$154.66

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Kathleen M. Brennan
 Deputy Commissioner

KMB/cal

- cc: S. Oeullette
 M. Gilbert
 N. Holmes
 H. Massari
 D. Robinson-Rush



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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

First Choice Health Centers, Inc.
94 Connecticut Blvd.
East Hartford, CT 06108

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/16 – 9/30/17</u>
Medical	004236164/007228810	\$142.64
Dental	004236156	\$134.09
Mental Health/Substance Abuse	008057168	\$169.31

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

cc: S. Oeullette
M. Gilbert
N. Holmes
H. Massari
D. Robinson-Rush



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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Generations Family Health Center
40 Mansfield Avenue
Willimantic, CT 06226

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

Table with 3 columns: Service, Provider No., Rate Per Visit 10/1/16 - 9/30/17. Rows include Medical, Dental, and Mental Health/Substance Abuse.

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

- cc: S. Oeullette
M. Gilbert
N. Holmes
H. Massari
D. Robinson-Rush



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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Hill Health Corporation
400-428 Columbus Avenue
New Haven, CT 06519

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/16 – 9/30/17</u>
Medical	004235900	\$139.79
Dental	004235893	\$152.69
Mental Health/Substance Abuse	004235918	\$198.71

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

cc: S. Oeullette
M. Gilbert
N. Holmes
H. Massari
D. Robinson-Rush



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KATHLEEN M. BRENNAN
 Deputy Commissioner

September 27, 2016

Intercommunity, Inc.
 281 Main Street
 East Hartford, CT 06108

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/16 – 9/30/17</u>
Medical	008047966	\$147.77
Mental Health/Substance Abuse	008062433	\$169.31

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Kathleen M. Brennan
 Deputy Commissioner

KMB/cal

- cc: S. Oeullette
 M. Gilbert
 N. Holmes
 H. Massari
 D. Robinson-Rush



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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Norwalk Community Health Center
120 Connecticut Avenue
Norwalk, CT 06854

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/16 – 9/30/17</u>
Medical	004236172	\$150.75
Mental Health/Substance Abuse	008062243	\$169.31

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

- cc: S. Oeullette
- M. Gilbert
- N. Holmes
- H. Massari
- D. Robinson-Rush



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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Optimus Health Care, Inc.
471 Barnum Avenue
Bridgeport, CT 06608-2409

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/16 – 9/30/17</u>
Medical	004234788	\$161.12
Dental	004234770	\$140.63
Mental Health/Substance Abuse	004235926	\$185.12

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

- cc: S. Oeullette
- M. Gilbert
- N. Holmes
- H. Massari
- D. Robinson-Rush



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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Southwest Community Health Center, Inc
46 Albion Street
Bridgeport, CT 06605

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/16 – 9/30/17</u>
Medical	004236130	\$153.26
Dental	004236122	\$144.33
Mental Health/Substance Abuse	004236148	\$154.25

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

- cc: S. Oeullette
- M. Gilbert
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- H. Massari
- D. Robinson-Rush



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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Stay Well Health Center
80 Phoenix Ave., ATTN: Accounts Payable, Suite 201
Waterbury, CT 06702

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

Table with 3 columns: Service, Provider No., Rate Per Visit (10/1/16 - 9/30/17). Rows include Medical, Dental, and Mental Health/Substance Abuse.

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Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

- cc: S. Oeullette
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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

United Community & Family Services
34 East Town Street
Norwich, CT 06360-2326

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/16 – 9/30/17</u>
Medical	004235934	\$142.32
Dental	004236106	\$127.86
Mental Health/Substance Abuse	004235942	\$154.73

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

cc: S. Oeullette
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KATHLEEN M. BRENNAN
Deputy Commissioner

September 27, 2016

Wheeler Clinic, Inc.
10 North Main Street
Bristol, CT 06010-8122

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.1% has been applied effective October 1, 2016 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/16 – 9/30/17</u>
Medical	008065431	\$149.23
Dental	008064502	\$141.02
Mental Health/Substance Abuse	008043074	\$169.31

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Department of Social Services (860-424-5719).

Sincerely,

Kathleen M. Brennan
Deputy Commissioner

KMB/cal

- cc: S. Oeullette
- M. Gilbert
- N. Holmes
- H. Massari
- D. Robinson-Rush