



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 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	004236130	\$157.27
Dental	004236122	\$148.11
Mental Health/Substance Abuse	004236148	\$158.29

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. Ouellette  
 M. Gilbert  
 N. Holmes  
 H. Massari  
 D. Robinson-Rush



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

September 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	004234788	\$165.33
Dental	004234770	\$144.31
Mental Health/Substance Abuse	004235926	\$189.97

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. Ouellette  
 M. Gilbert  
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KATHLEEN M. BRENNAN  
 Deputy Commissioner

September 11, 2018

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

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	008004668	\$157.51
Dental	008058757	\$143.46
Mental Health/Substance Abuse	008050622	\$173.79

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 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	004236164/007228810	\$146.37
Dental	004236156	\$137.60
Mental Health/Substance Abuse	008057168	\$173.74

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 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	004236007	\$147.86
Dental	004235992	\$144.55
Mental Health/Substance Abuse	004236015	\$166.74

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 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	004235570	\$156.69
Dental	004236099	\$147.86
Mental Health/Substance Abuse	004235588	\$165.52

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 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	004236346	\$160.64
Dental	004236354	\$156.70
Mental Health/Substance Abuse	004236338	\$184.62

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 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	004235736	\$147.96
Dental	008050183	\$144.41
Mental Health/Substance Abuse	008057841	\$173.74

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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 N. Holmes  
 H. Massari  
 D. Robinson-Rush





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KATHLEEN M. BRENNAN  
 Deputy Commissioner

September 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	004235900	\$143.44
Dental	004235893	\$156.69
Mental Health/Substance Abuse	004235918	\$203.91

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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 D. Robinson-Rush



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

September 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	004236172	\$154.69
Dental	008066587	\$144.71
Mental Health/Substance Abuse	008066726	\$173.74

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 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	004235934	\$146.04
Dental	004236106	\$131.21
Mental Health/Substance Abuse	004235942	\$158.78

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 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	004247872	\$146.47
Dental	008024018	\$139.52
Mental Health/Substance Abuse	008033022	\$160.98

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 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 - 9/30/19</u>
Medical	004235976	\$157.91
Dental	004235968	\$131.10
Mental Health/Substance Abuse	004235984	\$173.92

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  
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KATHLEEN M. BRENNAN  
Deputy Commissioner

September 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	004235695	\$157.20
Dental	004235687	\$154.48
Mental Health/Substance Abuse	008003942	\$175.45

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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KATHLEEN M. BRENNAN  
 Deputy Commissioner

September 11, 2018

Northwest Community Health Care  
 36 Bridge Way  
 Pascoag, RI 02859-0312

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Dental	008040358	\$141.60
Mental Health/Substance Abuse	008057218	\$170.34

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 11, 2018

Wood River Health Services, Inc.  
 823 Main Street  
 Hope Valley, RI 02832-1920

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	003124617	\$150.04
Dental	003124609	\$141.65

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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- D. Robinson-Rush





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KATHLEEN M. BRENNAN  
 Deputy Commissioner

September 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	008047966	\$151.63
Mental Health/Substance Abuse	008062433	\$173.74

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 11, 2018

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	008065431	\$153.14
Dental	008064502	\$144.71
Mental Health/Substance Abuse	008043074	\$173.74

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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KATHLEEN M. BRENNAN  
Deputy Commissioner

September 11, 2018

Family Centers Health Care at Wilbur Peck Court  
111 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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	008066994	\$158.71
Dental	008068285	\$144.71
Mental Health/Substance Abuse	004172912	\$173.79

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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KATHLEEN M. BRENNAN  
Deputy Commissioner

September 11, 2018

Masantucket Peqot Tribal Health Services  
75 Route 2  
Ledyard CT 06339-1128

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	008068236	\$153.79

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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 (860) 424-4860

TDD  
 1-800-842-4524

KATHLEEN M. BRENNAN  
 Deputy Commissioner

September 11, 2018

Community Health Programs, Inc.  
 444 Stockbridge Road  
 Great Barrington MA 01230-1295

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 1.4% has been applied effective October 1, 2018 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/18 – 9/30/19</u>
Medical	008073872	\$150.04

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