



























# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT  
Deputy Commissioner

TELEPHONE:  
(860) 424-5841  
FAX:  
(860) 424-4960  
TTY:  
1-800-842-4524  
EMAIL:  
mike.gilbert@ct.gov

September 30, 2021

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, 2021 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u>
Medical	004247872	\$153.61
Dental	008024018	\$146.32
Mental Health/Substance Abuse	008033022	\$168.83

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 Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert  
Deputy Commissioner

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



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

September 30, 2021

StayWell Health Center  
80 Phoenix Avenue, 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, 2021 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u>
Medical	004235976	\$165.61
Dental	004235968	\$137.50
Mental Health/Substance Abuse	004235984	\$182.41

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 Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert  
Deputy Commissioner

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



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

September 30, 2021

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, 2021 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u>
		<u>10/1/21 – 9/30/22</u>
Medical	004235695	\$164.87
Dental	004235687	\$162.02
Mental Health/Substance Abuse	008003942	\$184.00

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 Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert  
Deputy Commissioner

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



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

September 30, 2021

Northwest Community Health Center  
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, 2021 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u>
Medical	008057218	\$178.65
Dental	008040358	\$148.51

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 Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert  
Deputy Commissioner

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



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT

Deputy Commissioner

September 30, 2021

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, 2021 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u>
Medical	003124617	\$157.35
Dental	003124609	\$148.51

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 Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert  
Deputy Commissioner

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





# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT  
Deputy Commissioner

TELEPHONE:  
(860) 424-5841  
FAX:  
(860) 424-4960  
TTY:  
1-800-842-4524  
EMAIL:  
mike.gilbert@ct.gov

September 30, 2021

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, 2021 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u>
Medical	008047966	\$159.03
Mental Health/Substance Abuse	008062433	\$182.22

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 Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert  
Deputy Commissioner

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



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

September 30, 2021

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, 2021 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u>
Medical	008065431	\$160.61
Dental	008064502	\$151.77
Mental Health/Substance Abuse	008043074	\$182.22

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 Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert  
Deputy Commissioner

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



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

September 30, 2021

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, 2021 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u>
Medical	008066994	\$166.45
Dental	008068285	\$151.77
Mental Health/Substance Abuse	004172912	\$182.27

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 Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert  
Deputy Commissioner

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



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

September 30, 2021

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, 2021 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u>
Medical	008073872	\$157.35

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 Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert  
Deputy Commissioner

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