

Social and human service programs review: Reimbursement rates

State of Rhode Island, Office of the Health Insurance Commissioner

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Background

Milliman, Inc. (Milliman) has been retained by the State of Rhode Island Office of the Health Insurance Commissioner (OHIC) to conduct a comprehensive review of all social and human service programs having a contract with or licensed by the state, inclusive of the State of Rhode Island Executive Office of Health and Human Services (EOHHS) and the state agencies under its purview. This comprehensive review is required by State of Rhode Island General Laws (RIGL) § 42-14.5-3(t). This statute requires 10 assessments covering various rate and programmatic elements of the social and human service programs, with the 10th assessment being a culmination of the prior nine assessments that may be used to inform the recommended rate adjustments. Social and human service programs include services in the following subject areas: social, mental health, developmental disability, child welfare, juvenile justice, prevention services, habilitative, rehabilitative, substance use disorder treatment, residential care, adult/adolescent day services, vocational, employment and training, and aging.

The assessments will be completed in two phases, with Phase One published on or around May 1, 2023, and Phase Two published by September 1, 2023. The first phase will include the first nine assessments with a limited scope of services. The second phase will include updates of the first nine assessments with additional services as well as the 10th report. Milliman is currently working with OHIC to determine the breadth of services that may be included in each assessment in Phase One and Phase Two of the social and human service programs review.

This Phase One report addresses RIGL § 42-14.5-3(t) task 1: “an assessment and detailed reporting on social and human services program rates, including rates currently being paid and the date of the last increase”. This report provides an inventory of rates for services in-scope of this review and their date of last increase. In addition, the report provides an overview of recent Rhode Island reimbursement initiatives and other influences on provider reimbursement levels. The purpose of this report is to establish the services in the scope of the rate review required by RIGL § 42-14.5-3(t) and document the corresponding rate and date of last rate increase, laying the foundation for the remaining assessments and phases.

Executive summary

For purposes of this and other reports on reimbursement rates required by RIGL § 42-14.5-3(t), we define social and human service program rates as those in which the state has a contract with a nonstate entity to provide services on a fee-for-service (FFS) basis. Medicaid managed care program rates and services are not included in this report. Other reports required by the statute will focus on programmatic elements rather than service rates. In these situations, additional programs that provide services that do not meet this fee-for-service definition may still be included in the scope of reports with a programmatic focus.

Appendix 1 and Appendix 2 illustrate the summary of the assessment on social and human services program rates, including the rate currently being paid and the date of the last increase¹. Appendix 1 illustrates the reimbursement rates for Medicaid services provided on a fee-for-service basis. Appendix 2 illustrates the reimbursement rates for non-Medicaid services, including child welfare, child care, and other human services.

Utilization data is being collected and will be included in the third statutorily required assessment². This utilization data will be used to understand the scope and expenditure basis of the services reported in Appendix 1 and Appendix 2. Figure 1 and Figure 2 provide a preliminary view of the expenditures by service category for Medicaid services using state fiscal year (SFY) 2022 fee-for-service claims.

FIGURE 1: STATE FISCAL YEAR 2022 MEDICAID FEE-FOR-SERVICE EXPENDITURES

MAJOR SERVICE CATEGORY	FFS EXPENDITURES (\$Millions)
Intellectual and Developmental Disability Services	\$ 327.7
Nursing Home and Hospice	303.7
Home and Community-based Services	114.4
Hospital	63.9
Behavioral Health Providers	45.6
Children's Services	43.7
Physician/Advanced Practice Providers	7.9
Other	55.6
Total	\$ 962.5
Total for I/DD, HCBS, BH Providers, and Children's Services	\$ 531.4

Notes

1. Managed care organization expenditures are excluded.
2. FFS expenditures included in this analysis were incurred in SFY 2022 and paid through January 15, 2023.
3. FFS claims associated with the RItE Share or managed care program (identified using provider type and program indicator codes) are excluded.
4. A crosswalk from provider type to service category is illustrated in Appendix 3.

Social and human service programs were defined as services in the following major service categories: home and community-based services (HCBS), behavioral health (BH) providers, intellectual and developmental disability (I/DD) services, and children's services. This definition will continue to be evaluated by OHIC through engagement with stakeholders and review of the statutory language.

Figure 2 provides further detail on the social and human services, illustrating SFY 2022 expenditures for the identified major service categories at a more granular level. In addition, the most recent rate change for services within each service category is illustrated. For example, the 17% illustrated for the HCBS Adult Day Care service category indicates that 17% of the SFY 2022 Adult Day Care Medicaid expenditures are associated with a service that last received a rate increase in SFY 2021. This figure provides a high-level overview of the timing of the most recent rate change for Medicaid services. Please note that this figure excludes the temporary fee-for-service rate changes enacted by the state for American Rescue Plan Act (ARPA) workforce development initiatives.

¹ Certain rate changes in the Medicaid fee schedule are attributable to changes in service coding, particularly for behavioral health services for which service codes were changed January 1, 2016. Updates to Phase 2 of this report will include rate changes prior to January 1, 2016, for the affected services.

² "An assessment and detailed reporting on utilization trends from the period of January 1, 2017, through December 31, 2021, for social and human service programs to be completed by January 1, 2023." The Rhode Island Health Care Reform Act of 2004 — Health Insurance Oversight, Title 42 Chapter 14.5. (2022). <http://webserver.rilin.state.ri.us/Statutes/TITLE42/42-14.5/42-14.5-3.HTM>

Figure 2 is limited to I/DD, HCBS, BH providers, Children's Services, and also excludes approximately \$21 million of dual-eligible crossover claims and claims paid by BHDDH via an exception process (L9 modifier), since these claims' unit cost varies from the fee schedule.

FIGURE 2: SFY 2022 MEDICAID FFS EXPENDITURES BY DATE OF RATE CHANGE

MAJOR CATEGORY	SERVICE CATEGORY	TOTAL DOLLARS (\$Millions)	SFY 2016 AND PRIOR	SFY 2017 TO 2020	SFY 2021	SFY 2022	SFY 2023
BH Providers	BHDDH BH Group	\$ 0.3	100%	0%	0%	0%	0%
BH Providers	Children's BH Group	\$ 0.0	98%	2%	0%	0%	0%
BH Providers	CMHC Services	\$ 42.8	64%	25%	0%	0%	11%
BH Providers	Emergency BH Service	\$ 0.7	0%	100%	0%	0%	0%
BH Providers	Licensed Therapist	\$ 0.0	100%	0%	0%	0%	0%
BH Providers	Other Therapies	\$ 0.4	58%	0%	0%	0%	42%
BH Providers	Peer Recovery Services	\$ 0.1	0%	100%	0%	0%	0%
BH Providers	Psychologist	\$ 0.0	52%	48%	0%	0%	0%
BH Providers	Substance Use Rehab	\$ 1.0	34%	66%	0%	0%	0%
Children's Services	CEDARR	\$ 0.1	0%	100%	0%	0%	0%
Children's Services	DCYF	\$ 30.9	0%	0%	0%	0%	100%
Children's Services	Early Intervention	\$ 3.2	1%	0%	0%	0%	99%
Children's Services	Home/Center-based Therapeutic Services	\$ 9.5	0%	0%	0%	0%	100%
I/DDDS	Adult Day Care	\$ 1.3	0%	100%	0%	0%	0%
I/DDDS	BHDDH Services	\$ 256.0	0%	0%	0%	0%	100%
I/DDDS	Home Care	\$ 4.3	0%	0%	0%	0%	100%
I/DDDS	RICLAS	\$ 26.5		Based on allowable costs			
I/DDDS	Severely Disabled Nursing Homecare	\$ 7.1	0%	0%	0%	0%	100%
I/DDDS	Tavares	\$ 11.7	0%	0%	0%	100%	0%
HCBS	Adult Day Care	\$ 5.4	0%	61%	17%	22%	0%
HCBS	Assisted Living Facility	\$ 15.1	0%	0%	0%	100%	0%
HCBS	Case Management	\$ 2.5	100%	0%	0%	0%	0%
HCBS	Day Habilitation	\$ 0.5	100%	0%	0%	0%	0%
HCBS	Home Care	\$ 69.8	0%	0%	0%	0%	100%
HCBS	Home Health	\$ 1.0	0%	0%	0%	0%	100%
HCBS	Home Meal Delivery	\$ 0.2	0%	0%	0%	0%	100%
HCBS	Independent Provider	\$ 1.3	0%	8%	0%	0%	92%
HCBS	Personal Choice/Hab Case Management	\$ 0.7	0%	15%	85%	0%	0%
HCBS	Self-directed Community Services	\$ 11.3	0%	0%	100%	0%	0%
HCBS	Shared Living Agency	\$ 6.1	41%	0%	0%	59%	0%
HCBS	Waiver Case Manager; Other	\$ 0.5	98%	2%	0%	0%	0%
TOTAL		\$ 510.3	14%	4%	3%	4%	75%

Notes

1. Figure reflects fee-for-service expenditures and rate change dates. Managed care organization expenditures and rate changes are excluded.
2. Figure excludes the temporary fee-for-service rate changes enacted by the state for ARPA workforce development initiatives.
3. Figure excludes dual-eligible crossover claims and claims paid by BHDDH via an exception process (L9 modifier).
4. Service coding changes result in a rate effective date change in the Medicaid fee schedule and are included as rate changes in Figure 2 and Appendix 1.
5. Additional detailed categories for BH Providers - CMHC Services and I/DDDS - BHDDH Services are included in Appendix 1.
6. Values have been rounded.

Methodology

SOCIAL AND HUMAN SERVICE PROGRAM RATES SCOPE

The scope of the review for this report was determined with OHIC through a review of RIGL § 42-14.5-3(t) and discussion with key stakeholders, including:

- **Social and Human Service Programs Review Advisory Council.** The October 31, 2022, Advisory Council meeting included a discussion of this reimbursement rates report. In addition, Milliman and OHIC discussed the intended scope and planned approach of the project during the March 1, 2023, Advisory Council meeting.
- **Advisory Council member interviews.** OHIC and Milliman met with all members of the Advisory Council and their invited stakeholders in small group format (one to three stakeholders per meeting) to discuss the review scope and approach. Each stakeholder group was constructed to provide the insight and perspective of a distinct set of providers.
- **Interagency Workgroup.** OHIC and Milliman met with the Interagency Workgroup on February 24, 2023, to discuss the review scope and approach. Each agency included in the statutory requirement participated in the Interagency Workgroup, offering insight and perspective on the services administered by the department.

Based on this review, we understand the services outlined in Appendix 1 (for Medicaid services) and Appendix 2 (for non-Medicaid services) of this report to be in scope of this review. We understand the social and human service definition to exclude hospitals, nursing facilities, physician services. In addition, we understand services paid under a mechanism other than a fee-for-service rate (such as capitated rates) to be excluded from the review. This initial determination will continue to be reviewed with key stakeholders and may be adjusted in future phases of the social and human service programs review. Rates negotiated between Medicaid managed care organizations (MCOs) and providers for the services included in Appendix 1 or Appendix 2 are out of scope of this review but may be considered as a part of the assessment of services that are in scope.

APPENDIX DEVELOPMENT

The primary data sources for Appendix 1 and Appendix 2 are the Medicaid fee schedule and data collected through a survey of state agencies. Information on certain services provided by state agencies is still being gathered and may be included in Phase 2 of this report. Data collected through a survey provided to members of the Advisory Council was used to ensure that the scope of services identified through the primary services was comprehensive.

The Medicaid services listed in Appendix 1 were developed using a combination of the Medicaid fee schedule and fee-for-service claims incurred in SFY 2022. Managed care encounters were excluded. To be included in Appendix 1, the service must be included in the Medicaid fee schedule, have at least one Medicaid fee-for-service claim incurred in SFY 2022, and be rendered by a provider in one of the following major service categories:

- **BH providers.** Providers of mental health and substance use services, including outpatient, residential, and mobile services
- **Children’s services.** Home-based and therapeutic, early intervention, residential services for children
- **HCBS.** Health and human services designed to enable people with physical disabilities to stay in their homes
- **I/DD services.** Services for members with intellectual and development disabilities

A crosswalk of provider type to major service category is provided in Appendix 3. Continued conversation with stakeholders and review of statutory language will occur to determine any adjustments for Phase Two or future iterations of this report.

The Medicaid fee schedule was used to demonstrate the current reimbursement rate and the date of last rate change for these services. The “Effective Date” reflects the date of the last rate change as of February 28, 2023. The “Effective Date (excl. ARPA)” reflects the effective date of the last rate change as of February 28, 2023, excluding any temporary rate increases for purposes of the ARPA workforce development initiative (discussed further below).

Appendix 2 illustrates social and human services that are provided to program recipients for which the state reimburses the provider a fee-for-service rate.

These services primarily include child welfare, child care, and Medicaid services that are covered for members not eligible for Medicaid. A limited number of services covered by state agencies for clients who are not Medicaid-eligible are included in both Appendix 1 and Appendix 2. We continue to work with state agencies to identify whether additional services may fit the criteria for this report for Phase 2 of this report.

Rhode Island reimbursement initiatives

Rhode Island has implemented various provider reimbursement initiatives since the COVID-19 pandemic contributed to workforce shortages. This section outlines recent reimbursement initiatives and other contextual items affecting provider reimbursement for social and human service programs in Rhode Island.

ARPA WORKFORCE DEVELOPMENT

As part of ARPA, the State of Rhode Island received approximately \$115 million in enhanced Federal Medical Assistance Percentage (FMAP) revenue.³ The additional ARPA revenue was attributable to a temporary 10% FMAP increase for all state expenditures on HCBS. This includes a range of services including home care, assisted living, independent providers, I/DD services, and certain children's services and behavioral health services.

The additional federal funds were required by ARPA to be used on HCBS services. The administered funds must "supplement, not supplant" current state spending (general revenue). EOHHS dedicated an estimated \$57 million of the ARPA funds to an HCBS Recruitment and Retention Program⁴ to increase compensation to frontline HCBS workers. In addition, an estimated \$6.1 million will be directed to workforce training programs to bolster the healthcare workforce and expand career pathway opportunities for direct care workers.⁵

Figure 3 details the total investment into each of the respective HCBS provider categories and the funding mechanism.⁶ Please note that the rate increases listed below were temporary as a means to distribute the ARPA funding. For example, the fee-for-service rate increase for home care agencies was effective November 1, 2021, and ended March 31, 2022.

³ Rhode Island Executive Office of Health and Human Services. (January 17, 2023). RI State *Spending Plan and Spending Narrative for ARPA HCBS FMAP: Initial Plan- Submitted July 9, 2021*. <https://eohhs.ri.gov/initiatives/hcbs-enhancement>

⁴ Rhode Island Executive Office of Health and Human Services. (January 17, 2023). RI State *Spending Plan and Spending Narrative for ARPA HCBS FMAP: Initial Plan- Submitted July 9, 2021*. <https://eohhs.ri.gov/initiatives/hcbs-enhancement>

⁵ Rhode Island Executive Office of Health and Human Services. (January 17, 2023). RI State *Spending Plan and Spending Narrative for ARPA HCBS FMAP: Initial Plan- Submitted July 9, 2021*. <https://eohhs.ri.gov/initiatives/hcbs-enhancement>

⁶ Rhode Island Executive Office of Health and Human Services. (January 17, 2023). *Spending Plan Narrative for Implementation of American Rescue Plan Act of 2021, Section 9817 FY2023 Q3*. <https://eohhs.ri.gov/initiatives/hcbs-enhancement>

FIGURE 3: AMERICAN RESCUE PLAN ACT HCBS EXPENDITURES

PROVIDER DESCRIPTION ¹	FUNDING MECHANISM	ESTIMATED INVESTMENT
LTSS PROVIDERS		
Home Care Agencies	Temporary FFS Rate Increase	\$24,550,000
Home Health ²	Temporary FFS Rate Increase	\$1,575,000
Adult Day Care	Temporary FFS Rate Increase	\$1,296,000
Habilitation Group Homes ³	Temporary FFS Rate Increase	\$1,166,000
Personal Choice Fiscal Intermediary	Temporary FFS Rate Increase	\$24,000
Independent Provider Fiscal Intermediary	Temporary FFS Rate Increase	\$3,000
Personal Choice Recruitment & Retention Bonuses	Direct Grant	\$3,522,436
Independent Provider Recruitment & Retention Bonuses	Direct Grant	\$402,564
PACE	Temporary Capitation Rate Increase	\$3,414,419
LTSS Case Management	Temporary FFS Rate Increase	\$349,000
BEHAVIORAL HEALTH PROVIDERS		
Substance Use Disorder (SUD) Rehab	MCO Direct Payment	\$8,094,000
CMHCs	Temporary FFS Rate Increase	\$11,580,000
HBTS/ PASS	Temporary FFS Rate Increase	\$5,713,000
HBTS/PASS	Direct Grant	\$2,020,416
Peer Recovery Programs	Temporary FFS Rate Increase	\$29,000
MCO Emergency Outpatient Services (EOS)	MCO Direct Payment	\$314,000
Children's Behavioral Health Group Homes	Temporary FFS Rate Increase	\$99,000

Notes

1. Additional providers not included in this list also received rate increases via the American Rescue Plan Act, including fiscal intermediaries.
2. "Home Health" is also referred to as "Skilled Nursing Homecare" in the Quarterly Spending Report submitted to CMS.
3. "Habilitation Group Homes" includes both habilitation group homes and day habilitation services.

The goal of the HCBS Recruitment and Retention Program is to increase the total number of HCBS direct care workers and licensed health professionals actively providing frontline services to Medicaid enrollees to meet consumer needs more fully. To complete this goal, EOHHS sought to improve HCBS staff retention rates and reduce HCBS position vacancy rates. EOHHS required that a minimum of 85% of the funds from this temporary HCBS rate increase be passed through directly from the provider agencies to frontline workers to support hiring, retention, and stability of this critical workforce. Provider agencies are required to use the enhanced funding between January 1, 2022, and March 31, 2023. The funds are required to be spent via retention bonuses, increased wages, hiring new providers, or other retention activities such as providing new benefits. To count as an allowable activity, additional compensation using these enhanced funds must be over and above compensation that was paid to frontline workers prior to the temporary rate increase. Funds cannot be used to replace base wages or other regular compensation.

SFY 2023 RATE INCREASES

Per Kaiser Family Foundation's 2022 Medicaid Budget Survey,⁷ many state Medicaid programs are reporting provider rate increases for SFY 2023. These states cite wage inflation and established policies that tie reimbursement rates to increasing Medicare rates and/or cost-based methodologies as drivers behind rate increases. Some states report that their 2023 budgets do not account for the unusually high wage inflation, and addressing those inflationary costs is a key point of discussion. Nursing facilities and HCBS providers received a rate increase in 40 or more states, while other provider groups received a rate increase in approximately 20 to 25 states on average.

⁷ Hinton, E., Raphael, J., Haldar, S., Gifford, K., Lashbrook, A., Nardone, M., Oct 25, M. W. P., & 2022. (2022, October 25). How the Pandemic Continues to Shape Medicaid Priorities: Results from an Annual Medicaid Budget Survey for State Fiscal Years 2022 and 2023 - Executive Summary. KFF. <https://www.kff.org/report-section/medicaid-budget-survey-for-state-fiscal-years-2022-and-2023-executive-summary/>

In Rhode Island, the SFY 2023 enacted budget⁸ included reimbursement changes for the following services outlined in Appendix 1 and Appendix 2:

- **Home-delivered meals.** The fee-for-service home-delivered meals program (also referred to as “Meals on Wheels”) introduced new therapeutic and cultural meals tailored to improve health through nutrition, and rates were increased effective July 1, 2022. Rate increases varied between approximately 50% and 200%.
- **Early intervention.** The fee-for-service early intervention service rates were increased by 45%, effective July 1, 2022.
- **Home-based services.** Medicaid reimbursement rates for home-based services were increased to reflect a minimum \$15 per hour for direct care workers. This statutory initiative resulted in rate increases for children’s therapeutic and respite services, home care agencies, personal choice providers, and independent providers.
- **Child care.** The tiered reimbursement rates for child care were increased by approximately 13% on average, with rates increasing at approximately 8.9% and 10.8% for infant/toddler and pre-school care, respectively, and by approximately 20% for children of school age.⁹
- **Child welfare.** Besides home- and community-based increases, the State of Rhode Island also used ARPA funds to increase provider rates for the Department of Children, Youth, and Families (DCYF) and developmental disability providers. In partnership with Medicaid, DCYF invested \$5.1 million to support a full-year provider rate increase and slot expansion to expand the HCBS service array, effective July 1, 2022.¹⁰ In addition, the 2023 state enacted budget added \$6.3 million in general revenue to increase provider rates. This funding will allow for a temporary rate increase of 14% for out-of-home services, including foster care and congregate care, as well as home and community-based services.¹¹

OTHER INFLUENCES ON PROVIDER REIMBURSEMENT

In addition to recent Medicaid fee-for-service reimbursement rate changes, the items outlined below are expected to directly impact reimbursement for providers serving Rhode Island’s social and human service programs. Other market influences such as the current inflationary environment and competitive labor market will be considered in forthcoming benchmarking analyses.

- **Medicaid managed care.** Many social and human services are provided through the Medicaid managed care program. Reimbursement by the MCOs may vary from the Medicaid fee schedule, although the SFY 2023 Medicaid reimbursement initiatives described above were required in both the FFS program and the managed care program. Managed care expenditures represented approximately 57% of Medicaid expenditures in SFY 2019.¹² Additional context of Medicaid managed care reimbursement will be included in subsequent reports released under this review.
- **Consent decree.** The action plan for the State of Rhode Island consent decree with the United States Department of Justice¹³ requires that the Medicaid reimbursable rate support the starting wage for support staff at \$18 per hour beginning July 1, 2022, and \$20 per hour beginning July 1, 2023.

⁸ Rhode Island General Assembly Senate Fiscal Office. (2022, October 11). *FY2023 BUDGET AS ENACTED*. <https://www.rilegislature.gov/sfiscal/Budget%20Analyses/FY2023%20SFO%20Budget%20as%20passed%20by%20House%20Finance%20Committee.pdf>

⁹ Rhode Island Department of Human Services. (July 29, 2022). *DHS Applies Increased Tiered Reimbursement Rates for Child Care Centers*. <https://dhs.ri.gov/press-releases/dhs-applies-increased-tiered-reimbursement-rates-child-care-centers>

¹⁰ Rhode Island Executive Office of Health and Human Services. (January 17, 2023). *Spending Plan Narrative for Implementation of American Rescue Plan Act of 2021, Section 9817 FY2023 Q3*. <https://eohhs.ri.gov/initiatives/hcbs-enhancement>

¹¹ Rhode Island General Assembly Senate Fiscal Office. (2022, October 11). *FY2023 BUDGET AS ENACTED*. <https://www.rilegislature.gov/sfiscal/Budget%20Analyses/FY2023%20SFO%20Budget%20as%20passed%20by%20House%20Finance%20Committee.pdf>

¹² Rhode Island Executive Office of Health and Human Services (May 6, 2021). *Rhode Island Medicaid Expenditure Report*. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-05/RIMedicaidExpenditureReport_SF19.pdf

¹³ United States of America v. State of Rhode Island, Case No. CA14-175 (United States District Court, District of Rhode Island April 9, 2014). <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2021-03/ri-olmstead-statewide-agreement.pdf>.

- **Home care incentive payments.** Participating home care providers are eligible for a behavioral health rate enhancement¹⁴ effective January 1, 2022. In addition, home care providers are eligible for incentive payments through the Long-Term Services and Supports Alternative Payment Methodology Program¹⁵ piloted by EOHHS effective July 1, 2022.
- **Alternative payment models.** Certain social and human services in Rhode Island are paid via alternative payment models. While these services are currently excluded from this review, they may influence the reimbursement of other social and human services. For example, the Certified Community Behavioral Health Clinic (CCBHC) initiative is an alternative payment model that may affect environmental factors influencing reimbursement for related behavioral health services.
- **Legislatively mandated annual rate changes.** Reimbursement rates for home care¹⁶ and home-delivered meals¹⁷ are increased on an annual basis per Rhode Island statute. Home care rates are increased by the New England Consumer Price Index, and home-delivered meal rates are increased based on the CPI-U for New England: Food at Home.

Appendix 1 and Appendix 2 of this report provide the current reimbursement rate and date of last update information required by RIGL § 42-14.5-3(t). This information should be evaluated in the context of current Rhode Island reimbursement initiatives as described above. Subsequent reports required by RIGL § 42-14.5-3(t) will provide additional context on the social and human service program rates, including utilization data, rate benchmarking, and other qualitative information.

¹⁴ Rhode Island Executive Office of Health and Human Services. (n.d.). Behavioral Health Rate Enhancement for Home Nursing Care and Home Care providers. <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-12/hha-bh-rate-enhancement-policy-and-procedures-and-reporting-template-2021.pdf>.

¹⁵ Rhode Island Executive Office of Health and Human Services. (n.d.). LTSS APM. <https://eohhs.ri.gov/initiatives/accountable-entities/ltss-apm>.

¹⁶ Medical Assistance- Long-term Care Services and Finance Reform, R.I. Gen. Laws § 40-8.9-9 (2021). <http://webserver.rilin.state.ri.us/statutes/title40/40-8.9/40-8.9-9.htm>

¹⁷ House Bill 7123, Substitute A as amended. Making appropriations for the support of the state for the fiscal year ending June 30, 2023, (2022). <https://webserver.rilegislature.gov/BillText22/HouseText22/H7123Aaa.pdf>

Limitations and data reliance

The information contained in this correspondence, including any enclosures, has been prepared for the State of Rhode Island, Office of the Health Insurance Commissioner (OHIC) and its advisors. Milliman recognizes that materials delivered to OHIC may be public records subject to disclosure to third parties. To the extent that the information contained in this correspondence is provided to any third parties, the correspondence should be distributed in its entirety. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is prepared solely for the use and benefit of OHIC in accordance with its statutory and regulatory requirements. Milliman recognizes that this report will be public record subject to disclosure to third parties; however, Milliman does not intend to benefit and assumes no duty or liability to any third parties who receive Milliman's work and may include disclaimer language on its work product so stating. OHIC agrees not to remove any such disclaimer language from Milliman's work.

Milliman has developed certain models to estimate the values included in this correspondence. The intent of the models was to summarize SFY 2022 Medicaid fee-for-service expenditures and understand the scope of services subject to the social and human service programs review. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information provided by OHIC for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate or is not complete, the values provided in this correspondence may likewise be inaccurate or incomplete. Milliman's data and information reliance includes the sources discussed in this correspondence. The models, including all input, calculations, and output, may not be appropriate for any other purpose.

The services provided for this project were performed under the contract between Milliman and OHIC dated January 26, 2023.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Jason Clarkson, Ian McCulla, and Zach Hunt are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

Appendix 1: Medicaid Fee Schedule for Selected Provider Types

**State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 1
Medicaid Fee Schedule for Selected Provider Types**

Major Service Category	Detailed Service Category	Billing Provider Code	Program Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Current Rate	Effective Date	Effective Date (excl. ARPA)
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Psychiatric diagnostic evaluation without medical services	90791					\$ 150.00	1/1/2013	1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	AJ				131.75	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	HF				108.50	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	HO				131.75	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	TD				124.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	UA				116.25	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	Psychiatric diagnostic evaluation with medical services	90792					75.34	1/1/2013	1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation with medical services	90792					294.35	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation with medical services	90792	TD	TF			250.20	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 30 minutes with patient and/or family member	90832					47.50	1/1/2013	1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 30 minutes with patient and/or family member	90832	AJ				52.50	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 30 minutes with patient and/or family member	90832	HF				45.50	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 30 minutes with patient and/or family member	90832	HO				52.50	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 30 minutes with patient and/or family member	90832	UA				49.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management	90833					25.18	1/1/2013	1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management	90833					42.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management	90833	TD	TF			37.50	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 45 minutes with patient and/or family member	90834					71.25	1/1/2013	1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 45 minutes with patient and/or family member	90834	AJ				72.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 45 minutes with patient and/or family member	90834	HF				62.40	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 45 minutes with patient and/or family member	90834	HO				72.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 45 minutes with patient and/or family member	90834	UA				67.20	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management	90836					40.87	1/1/2013	1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 60 minutes with patient and/or family member	90837					95.00	1/1/2013	1/1/2013
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 60 minutes with patient and/or family member	90837	AJ				75.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 60 minutes with patient and/or family member	90837	HF				65.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 60 minutes with patient and/or family member	90837	HO				75.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Psychotherapy, 60 minutes with patient and/or family member	90837	UA				70.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Family psychotherapy (without the patient present)	90846					90.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Family psychotherapy (without the patient present)	90846	AJ				67.50	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	90847					96.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	90847	HO				72.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	90847	UA				67.20	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Group psychotherapy (other than of a multiple-family group)	90853					48.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Group psychotherapy (other than of a multiple-family group)	90853	AJ				36.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Group psychotherapy (other than of a multiple-family group)	90853	HF				31.20	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Group psychotherapy (other than of a multiple-family group)	90853	HO				36.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Group psychotherapy (other than of a multiple-family group)	90853	UA				33.60	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity	99203					29.00	1/1/1996	1/1/1996
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity	99204					45.00	1/1/1996	1/1/1996
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity	99205					46.00	1/1/1996	1/1/1996
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional	99211					8.05	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional	99211	TD				7.50	1/1/2016	1/1/2016

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Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making	99212					56.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	99213					20.64	4/1/1993	4/1/1993
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	99213					78.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	99213	TD	TF			66.30	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity	99214					27.00	4/1/1993	4/1/1993
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity	99214					118.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity	99214	TD	TF			100.30	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity	99215					148.00	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity	99215	TD	TF			125.80	1/1/2016	1/1/2016
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	AJ				16.25	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HO				16.25	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HO	HR			18.75	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HO	HS			18.75	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	AJ			5.00	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	HO			5.00	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Mental health assessment, by non-physician	H0031	AJ				100.00	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Mental health assessment, by non-physician	H0031	HO				100.00	7/1/2007	7/1/2007
Behavioral Health Providers	BHDDH Behavioral Health Group	066	MBH015	Behavioral Services Non-DCYF	Comprehensive medication services, per 15 minutes	H2010					30.00	7/1/2007	7/1/2007
Behavioral Health Providers	CMHC - ACT	061	MBA010	Assertive Community Treatment	Assertive community treatment program, per diem	H0040					41.65	4/1/2022	7/1/2016
Behavioral Health Providers	CMHC - IHH	061	MBI010	Integrated Health Home	Community psychiatric supportive treatment program, per diem	H0037					13.82	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - MHPRR	061	MMH015	Adult Mental Health	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019					85.00	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - MHPRR	061	MMH015	Adult Mental Health	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U1				85.00	4/1/2022	1/1/2016
Behavioral Health Providers	CMHC - MHPRR	061	MMH015	Adult Mental Health	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U3				125.00	4/1/2022	1/1/2016
Behavioral Health Providers	CMHC - MHPRR	061	MMH015	Adult Mental Health	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U4				125.00	4/1/2022	1/1/2016
Behavioral Health Providers	CMHC - MHPRR	061	MDC080	Proj Connect & Residential Counsel	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U5				532.38	10/1/2022	10/1/2022

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Behavioral Health Providers	CMHC - MHPRR	061	MMH015	Adult Mental Health	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U5				175.00	4/1/2022	1/1/2016
Behavioral Health Providers	CMHC - MHPRR	061	MDC080	Proj Connect & Residential Counsel	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U6				571.14	10/1/2022	10/1/2022
Behavioral Health Providers	CMHC - MHPRR	061	MDC080	Proj Connect & Residential Counsel	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U7				580.26	10/1/2022	10/1/2022
Behavioral Health Providers	CMHC - MHPRR	061	MDC080	Proj Connect & Residential Counsel	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U8				661.50	10/1/2022	10/1/2022
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	AJ				131.75	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	HO				131.75	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	UA				116.25	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation with medical services	90792					294.35	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Psychotherapy, 45 minutes with patient and/or family member	90834	UA				67.20	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional	99211					8.05	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional	99211	TD				7.50	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	99213					78.00	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity	99214					118.00	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Behavioral health counseling and therapy, per 15 minutes	H0004					24.50	8/1/2008	8/1/2008
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Community psychiatric supportive treatment, face-to-face, per 15 minutes	H0036	HN				21.25	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MMA001	General Medicaid	Rehabilitation program, per 1/2 day	H2001					223.50	5/1/2006	5/1/2006
Behavioral Health Providers	CMHC - Other	061	MMA001	General Medicaid	Crisis intervention service, per 15 minutes	H2011					22.50	11/1/2007	11/1/2007
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Crisis intervention service, per 15 minutes	H2011	U1				37.50	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MBH090	Children's Intensive Services DHS	Skills training and development, per 15 minutes	H2014					22.00	8/1/2008	8/1/2008
Behavioral Health Providers	CMHC - Other	061	MDC080	Proj Connect & Residential Counsel	Community-based wrap-around services, per diem	H2022					33.24	5/1/2006	5/1/2006
Behavioral Health Providers	CMHC - Other	061	MMH015	Adult Mental Health	Supported employment, per 15 minutes	H2023					21.25	1/1/2016	1/1/2016
Behavioral Health Providers	CMHC - Other	061	MBH090	Children's Intensive Services DHS	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023					300.00	8/1/2008	8/1/2008
Behavioral Health Providers	CMHC - Other	061	MMH010	Adult Mental Health	Adult mh residential service	X0341					125.00	1/1/2006	1/1/2006
Behavioral Health Providers	CMHC - Other	061	MAS010	Behavioral Health Acute	Adult mh residential service	X0341	HH	TG			394.00	4/1/2022	7/1/2009
Behavioral Health Providers	CMHC - Other	061	MBH090	Children's Intensive Services DHS	Deductible for CFIT/CAITS benefit	X0709					568.00	7/1/2010	7/1/2010
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Interactive complexity	90785					2.89	1/1/2013	1/1/2013
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH015	Behavioral Services Non-DCYF	Psychiatric diagnostic evaluation without medical services	90791					150.00	1/1/2013	1/1/2013
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH015	Behavioral Services Non-DCYF	Psychiatric diagnostic evaluation without medical services	90791	HP				125.00	1/1/2013	1/1/2013
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 30 minutes with patient and/or family member	90832					47.50	1/1/2013	1/1/2013
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Psychotherapy, 30 minutes with patient and/or family member	90832					37.98	1/1/2013	1/1/2013
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 30 minutes with patient and/or family member	90832	HP				40.00	1/1/2013	1/1/2013
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 45 minutes with patient and/or family member	90834					71.25	1/1/2013	1/1/2013
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 45 minutes with patient and/or family member	90834	HP				60.00	1/1/2013	1/1/2013
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management	90836					40.87	1/1/2013	1/1/2013

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Behavioral Health Providers	Children's Behavioral Health Group	047	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 60 minutes with patient and/or family member	90837					95.00	1/1/2013	1/1/2013
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 60 minutes with patient and/or family member	90837	HP				80.00	1/1/2013	1/1/2013
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management	90838					65.84	1/1/2013	1/1/2013
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH015	Behavioral Services Non-DCYF	Family psychotherapy (without the patient present)	90846	HP				90.00	7/1/2007	7/1/2007
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH015	Behavioral Services Non-DCYF	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	90847	HP				90.00	7/1/2007	7/1/2007
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Neuropsychological testing evaluation by qualified health care professional, first 60 minutes	96132					76.57	1/1/2019	1/1/2019
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes	96133					58.41	1/1/2019	1/1/2019
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes	96136					27.45	1/1/2019	1/1/2019
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes	96137					25.39	1/1/2019	1/1/2019
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity	99204					45.00	1/1/1996	1/1/1996
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	99213					20.64	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity	99214					27.00	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low-level medical decision making	99221					38.18	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	99222					44.00	1/1/1996	1/1/1996
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making	99223					46.00	1/1/1996	1/1/1996
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making	99231					17.00	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	99232					29.72	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making	99233					29.72	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter	99238					34.88	4/1/1993	4/1/1993
Behavioral Health Providers	Children's Behavioral Health Group	047	MMA001	General Medicaid	Emergency department visit for the evaluation and management of a patient,	99285					92.55	7/1/2003	7/1/2003
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	AJ				16.25	7/1/2007	7/1/2007
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH010	Behavioral Health Services DHS	Mental health assessment, by non-physician	H0031	HO	H9			70.00	7/1/2007	7/1/2007
Behavioral Health Providers	Children's Behavioral Health Group	047	MBH010	Behavioral Health Services DHS	Mental health assessment, by non-physician	H0031	HP	H9			80.00	7/1/2007	7/1/2007

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Behavioral Health Providers	Emergency Behavioral Health Service	111	MBL010	Behavioral Healthcare Link	Crisis intervention mental health services, per diem	S9485					598.50	1/1/2020	1/1/2020
Behavioral Health Providers	Licensed Therapist	017	MBH015	Behavioral Services Non-DCYF	Psychiatric diagnostic evaluation without medical services	90791					150.00	1/1/2013	1/1/2013
Behavioral Health Providers	Licensed Therapist	017	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 45 minutes with patient and/or family member	90834					71.25	1/1/2013	1/1/2013
Behavioral Health Providers	Licensed Therapist	017	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 60 minutes with patient and/or family member	90837					95.00	1/1/2013	1/1/2013
Behavioral Health Providers	Licensed Therapist	017	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HO	HR			18.75	7/1/2007	7/1/2007
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507					29.00	5/1/2006	5/1/2006
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more	92508					19.00	5/1/2006	5/1/2006
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Evaluation of speech sound production with evaluation of language comprehension and expression	92523					85.00	1/1/2014	1/1/2014
Behavioral Health Providers	Other Therapies	073	MMA001	General Medicaid	Treatment of swallowing dysfunction and/or oral function for feeding	92526					21.47	1/1/1996	1/1/1996
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Therapeutic procedure, one or more areas, each 15 minutes therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110					14.50	7/1/2003	7/1/2003
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Therapeutic procedure, one or more areas, each 15 minutes therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110	GO				14.50	5/1/2006	5/1/2006
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Therapeutic procedure(s), group (2 or more individuals)	97150	GO				19.00	5/1/2006	5/1/2006
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Evaluation of occupational therapy, typically 30 minutes	97165					85.00	1/1/2017	1/1/2017
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Re-evaluation of occupational therapy, established plan of care, typically 30 minutes	97168					85.00	1/1/2017	1/1/2017
Behavioral Health Providers	Other Therapies	073	MMA001	General Medicaid	Therapeutic activities, direct patient contact by the provider, each 15 minutes	97530					15.89	10/1/2012	10/1/2012
Behavioral Health Providers	Other Therapies	073	MMA001	General Medicaid	Therapeutic activities, direct patient contact by the provider, each 15 minutes	97530	GO				15.89	1/1/1999	1/1/1999
Behavioral Health Providers	Other Therapies	073	MMA001	General Medicaid	Self care/home management training, direct one-on-one contact by provider, each 15 minutes	97535					10.73	1/1/1996	1/1/1996
Behavioral Health Providers	Other Therapies	073	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity	99214					27.00	4/1/1993	4/1/1993
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Mental health services, not otherwise specified	H0046					36.00	7/1/2022	7/1/2022
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Mental health services, not otherwise specified	H0046	HO				55.00	7/1/2022	7/1/2022
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Skills training and development, per 15 minutes	H2014					27.50	7/1/2022	7/1/2022
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Skills training and development, per 15 minutes	H2014	HO				27.50	7/1/2022	7/1/2022
Behavioral Health Providers	Other Therapies	073	MHP015	Clubhouse	Mental health clubhouse services, per diem	H2031					50.00	1/1/2016	1/1/2016
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Patient education, not otherwise classified, non-physician provider, group, per session	S9446					20.00	7/1/2022	7/1/2022
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Case management, each 15 minutes	T1016					16.00	7/1/2022	7/1/2022
Behavioral Health Providers	Other Therapies	073	MHP010	Hippotherapy	Team evaluation & management per encounter	T1024					31.00	7/1/2022	7/1/2022
Behavioral Health Providers	Peer Recovery Services	109	MBP010	Peer Support Services-MH	Self-help/peer services, per 15 minutes	H0038	U2				13.50	4/1/2022	7/1/2018
Behavioral Health Providers	Peer Recovery Services	109	MBP010	Peer Support Services-MH	Self-help/peer services, per 15 minutes	H0038	U2	HQ			4.00	4/1/2022	10/1/2019
Behavioral Health Providers	Peer Recovery Services	109	MBP011	Peer Support Services-SA	Self-help/peer services, per 15 minutes	H0038	U3				13.50	4/1/2022	7/1/2018
Behavioral Health Providers	Peer Recovery Services	109	MBP011	Peer Support Services-SA	Self-help/peer services, per 15 minutes	H0038	U3	HQ			4.00	4/1/2022	10/1/2019
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychiatric diagnostic evaluation without medical services	90791					91.44	1/1/2013	1/1/2013
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychotherapy, 30 minutes with patient and/or family member	90832					37.98	1/1/2013	1/1/2013
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychotherapy, 45 minutes with patient and/or family member	90834					48.92	1/1/2013	1/1/2013
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychotherapy, 45 minutes with patient and/or family member	90834	GT				48.92	1/1/2013	1/1/2013
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychotherapy, 60 minutes with patient and/or family member	90837					71.62	1/1/2013	1/1/2013
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	90847					80.00	10/1/2012	10/1/2012
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychological testing evaluation by qualified healthcare professional, first 60 minutes	96130					68.11	1/1/2019	1/1/2019
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychological testing evaluation by qualified health care professional, additional 60 minutes	96131					51.81	1/1/2019	1/1/2019
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Neuropsychological testing evaluation by qualified health care professional, first 60 minutes	96132					76.57	1/1/2019	1/1/2019
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes	96133					58.41	1/1/2019	1/1/2019
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes	96136					27.45	1/1/2019	1/1/2019
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes	96137					25.39	1/1/2019	1/1/2019

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Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychological or neuropsychological test administration and scoring by technician, first 30 minutes	96138					22.29	1/1/2019	1/1/2019
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Psychological or neuropsychological test administration and scoring by technician, additional 30 minutes	96139					22.29	1/1/2019	1/1/2019
Behavioral Health Providers	Psychologist	030	MMA001	General Medicaid	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified healthcare professional, per calendar month, with the following required elements	99484					27.86	1/1/2018	1/1/2018
Behavioral Health Providers	Substance Use Rehabilitation	060	MMA001	General Medicaid	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers, chromatography, and mass spectrometry	80307					47.89	1/1/2017	1/1/2017
Behavioral Health Providers	Substance Use Rehabilitation	060	MMA001	General Medicaid	Psychiatric diagnostic evaluation without medical services	90791					91.44	1/1/2013	1/1/2013
Behavioral Health Providers	Substance Use Rehabilitation	060	MMA001	General Medicaid	Psychiatric diagnostic evaluation with medical services	90792					75.34	1/1/2013	1/1/2013
Behavioral Health Providers	Substance Use Rehabilitation	060	MMA001	General Medicaid	Psychotherapy, 30 minutes with patient and/or family member	90832					37.98	1/1/2013	1/1/2013
Behavioral Health Providers	Substance Use Rehabilitation	060	MMA001	General Medicaid	Psychotherapy, 45 minutes with patient and/or family member	90834					48.92	1/1/2013	1/1/2013
Behavioral Health Providers	Substance Use Rehabilitation	060	MMA001	General Medicaid	Psychotherapy, 45 minutes with patient and/or family member	90834	95				48.92	1/1/2013	1/1/2013
Behavioral Health Providers	Substance Use Rehabilitation	060	MMA001	General Medicaid	Psychotherapy, 60 minutes with patient and/or family member	90837					71.62	1/1/2013	1/1/2013
Behavioral Health Providers	Substance Use Rehabilitation	060	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity	99204					45.00	1/1/1996	1/1/1996
Behavioral Health Providers	Substance Use Rehabilitation	060	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	99213					20.64	4/1/1993	4/1/1993
Behavioral Health Providers	Substance Use Rehabilitation	060	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity	99214	95				27.00	4/1/1993	4/1/1993
Behavioral Health Providers	Substance Use Rehabilitation	060	MSA010	Substance Abuse Services	Alcohol and/or drug assessment	H0001					97.00	5/1/2006	5/1/2006
Behavioral Health Providers	Substance Use Rehabilitation	060	MSA010	Substance Abuse Services	Alcohol and/or drug assessment	H0001	UD				97.00	5/1/2006	5/1/2006
Behavioral Health Providers	Substance Use Rehabilitation	060	MSA010	Substance Abuse Services	Behavioral health counseling and therapy, per 15 minutes	H0004					17.94	1/1/2006	1/1/2006
Behavioral Health Providers	Substance Use Rehabilitation	060	MSA010	Substance Abuse Services	Behavioral health counseling and therapy, per 15 minutes	H0004	UD				17.94	1/1/2006	1/1/2006
Behavioral Health Providers	Substance Use Rehabilitation	060	MSA010	Substance Abuse Services	Alcohol and/or drug services; group counseling by a clinician	H0005					32.30	5/1/2006	5/1/2006
Behavioral Health Providers	Substance Use Rehabilitation	060	MSA010	Substance Abuse Services	Alcohol and/or drug services; group counseling by a clinician	H0005	UD				32.30	5/1/2006	5/1/2006
Behavioral Health Providers	Substance Use Rehabilitation	060	MSA010	Substance Abuse Services	Alcohol and/or drug services; intensive outpatient, including assessment, counseling; crisis intervention	H0015	HF				91.50	1/1/2016	1/1/2016
Behavioral Health Providers	Substance Use Rehabilitation	060	MSA010	Substance Abuse Services	Alcohol and or drug services; methadone administration and or service	H0020					12.14	7/1/2016	7/1/2016
Behavioral Health Providers	Substance Use Rehabilitation	060	MBO020	Opioid Treatment Program	Community psychiatric supportive treatment program, per diem	H0037					7.64	7/1/2016	7/1/2016
Behavioral Health Providers	Substance Use Rehabilitation	060	MSA010	Substance Abuse Services	Alcohol and/or other drug treatment program, per diem	H2036					91.50	5/1/2006	5/1/2006
Children's services	CEDARR	082	MCE010	CEDARR Center Services	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023					900.00	6/1/2017	6/1/2017
Children's services	CEDARR	082	MCE010	CEDARR Center Services	Case management, per month	T2022					25.00	6/1/2017	6/1/2017
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Evaluation of speech and sound production	92522					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Evaluation of speech sound production with evaluation of language comprehension and expression	92523					434.42	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Evaluation of speech sound production with evaluation of language comprehension and expression	92523					434.42	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Evaluation of speech sound production with evaluation of language comprehension and expression	92523	52				217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Evaluation of speech sound production with evaluation of language comprehension and expression	92523	52				217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Evaluation of physical therapy, typically 20 minutes	97161					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Evaluation of physical therapy, typically 20 minutes	97161					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Evaluation of physical therapy, typically 30 minutes	97162					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Evaluation of physical therapy, typically 30 minutes	97162					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Evaluation of physical therapy, typically 45 minutes	97163					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Evaluation of occupational therapy, typically 30 minutes	97165					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Evaluation of occupational therapy, typically 30 minutes	97165					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Evaluation of occupational therapy, typically 45 minutes	97166					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Evaluation of occupational therapy, typically 45 minutes	97166					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Evaluation of occupational therapy, established plan of care, typically 60 minutes	97167					217.21	7/1/2022	7/1/2022

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Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Evaluation of occupational therapy, established plan of care, typically 60 minutes	97167					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Re-evaluation of occupational therapy, established plan of care, typically 30 minutes	97168					217.21	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MMA001	General Medicaid	Parental visit, home visit for newborn care and assessment	99502					59.95	1/1/2023	4/1/2009
Children's services	Early Intervention	059	MMA001	General Medicaid	Parental visit, home visit for newborn care and assessment	99502	AJ				67.85	1/1/2023	4/1/2009
Children's services	Early Intervention	059	MMA001	General Medicaid	Parental visit, home visit for newborn care and assessment	99502	TD				85.86	1/1/2023	4/1/2009
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Mental health services, not otherwise specified	H0046					68.79	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Mental health services, not otherwise specified	H0046					68.79	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Comprehensive multidisciplinary evaluation	H2000					1,064.36	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Comprehensive multidisciplinary evaluation	H2000					1,064.36	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446					21.72	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446					21.72	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	GO				21.72	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	TF				21.72	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	TF				21.72	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	TG				27.83	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	TG				27.83	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Sign language or oral interpreter services	T1013					25.59	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Sign language or oral interpreter services	T1013					25.59	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Sign language or oral interpreter services	T1013	TL				25.59	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Sign language or oral interpreter services	T1013	TL				25.59	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Case management, each 15 minutes	T1016					25.35	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Case management, each 15 minutes	T1016					25.35	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Case management, each 15 minutes	T1016	TF				50.69	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Case management, each 15 minutes	T1016	TF	U2			50.69	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Case management, each 15 minutes	T1016	TF				25.35	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Case management, each 15 minutes	T1016	TG				76.04	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Case management, each 15 minutes	T1016	TG				76.04	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023					228.11	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023					228.11	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023	TL				50.69	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023	TL				50.69	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024					43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024					43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	AE				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	AE				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	AJ				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	GN				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	GN				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	GO				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	GO				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	GP				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	GP				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	HN				29.70	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	HN				29.70	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	TD				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	TD				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	TG				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	TG				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	TG	HO			43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	TL	HO			43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	TL	HO			43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027					43.44	7/1/2022	7/1/2022

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Major Service Category	Detailed Service Category	Billing Provider Code	Program Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Current Rate	Effective Date	Effective Date (excl. ARPA)
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027					43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	AE				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	AE				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	AJ				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	AJ				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	GN				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	GN				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	GO				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	GO				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	GP				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	GP				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	HN				29.70	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	HN				29.70	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	TD				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	TD				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	TG				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	TG				43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	TG	HO			43.44	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI010	Early Intervention MA	Non-emergency transport; commercial carrier, multi-pass	T2004					14.49	7/1/2022	7/1/2022
Children's services	Early Intervention	059	MEI015	Early Intervention Non-MA	Individual vision therapy	V2799					43.44	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MMA001	General Medicaid	Psychotherapy, 60 minutes with patient and/or family member	90837					71.62	1/1/2013	1/1/2013
Children's services	Home/Center Based Therapeutic Services	080	MMA001	General Medicaid	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	90847					80.00	10/1/2012	10/1/2012
Children's services	Home/Center Based Therapeutic Services	080	MMA001	General Medicaid	Group psychotherapy (other than of a multiple-family group)	90853					14.40	4/1/1993	4/1/1993
Children's services	Home/Center Based Therapeutic Services	080	MCE030	CEDARR Direct- Kids Connect	Therapeutic procedure(s), group (2 or more individuals)	97150					8.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE030	CEDARR Direct- Kids Connect	Therapeutic procedure(s), group (2 or more individuals)	97150	HA				16.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046					36.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046	HN				15.68	1/1/2016	1/1/2016
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046	HO				55.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046	HO	U1			27.50	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046	HO	XP			55.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046	HP				65.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046	HP	U1			32.50	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Mental health services, not otherwise specified	H0046	U1				18.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE030	CEDARR Direct- Kids Connect	Comprehensive multidisciplinary evaluation	H2000					330.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Skills training and development, per 15 minutes	H2014					27.50	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Skills training and development, per 15 minutes	H2014	HO				27.50	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Skills training and development, per 15 minutes	H2014	HP				32.50	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Comprehensive community support services, per diem	H2016					4.95	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE030	CEDARR Direct- Kids Connect	Community-based wrap-around services, per 15 minutes	H2021					40.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Patient education, not otherwise classified, non-physician provider, group, per session	S9446					20.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MRP019	ICF/MR Respite Waiver	Respite services 15 minutes	T1005					9.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MRP020	Hospital/SNF Respite Waiver	Respite services 15 minutes	T1005					9.00	7/1/2022	7/1/2022

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Children's services	Home/Center Based Therapeutic Services	080	MRP021	Psych Hospital Respite Waiver	Respite services 15 minutes	T1005					9.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MRP019	ICF/MR Respite Waiver	Respite services 15 minutes	T1005	UN				2.30	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MRP019	ICF/MR Respite Waiver	Respite services 15 minutes	T1005	UP				2.30	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Sign language or oral interpreter services	T1013					25.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Sign language or oral interpreter services	T1013	U1				25.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Case management, each 15 minutes	T1016					16.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Case management, each 15 minutes	T1016	U1				13.50	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	T1019					11.25	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	T1019	TF				11.25	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	T1019	TG				11.25	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023	U1				330.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Team evaluation & management per encounter	T1024					31.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Team evaluation & management per encounter	T1024	U1				15.50	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Team evaluation & management per encounter	T1024	XP				31.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MCE025	CEDARR Direct For HBTS And PAS	Family training and counseling for child development, per 15 minutes	T1027					27.50	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MRP019	ICF/MR Respite Waiver	Service assesment/ plan of care development, waiver	T2024					220.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MRP020	Hospital/SNF Respite Waiver	Service assesment/ plan of care development, waiver	T2024					220.00	7/1/2022	7/1/2022
Children's services	Home/Center Based Therapeutic Services	080	MRP021	Psych Hospital Respite Waiver	Service assesment/ plan of care development, waiver	T2024					220.00	7/1/2022	7/1/2022
HCBS	Adult Day Care	050	MCS010	LTSS HCBS Services	Day care services, adult; per diem	S5102					29.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MDE010	OHA Community Waiver Program	Day care services, adult; per diem	S5102					29.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MDE030	OHA At Home Cost Share	Day care services, adult; per diem	S5102					78.00	4/1/2022	8/2/2021
HCBS	Adult Day Care	050	MDE040	OHA At Home Cost Share	Day care services, adult; per diem	S5102					78.00	4/1/2022	8/2/2021
HCBS	Adult Day Care	050	MDE050	OHA Assisted Living	Day care services, adult; per diem	S5102					52.98	7/1/2010	7/1/2010
HCBS	Adult Day Care	050	MMA001	General Medicaid	Day care services, adult; per diem	S5102					29.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MPS020	Medicaid Preventive Services	Day care services, adult; per diem	S5102					29.00	4/1/2022	8/9/2020
HCBS	Adult Day Care	050	MSL010	Shared Living	Day care services, adult; per diem	S5102					29.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MCS010	LTSS HCBS Services	Day care services, adult; per diem	S5102	U1				39.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MDE010	OHA Community Waiver Program	Day care services, adult; per diem	S5102	U1				39.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MMA001	General Medicaid	Day care services, adult; per diem	S5102	U1				39.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MPS020	Medicaid Preventive Services	Day care services, adult; per diem	S5102	U1				39.00	4/1/2022	8/9/2020
HCBS	Adult Day Care	050	MSD020	Personal Choice Program	Day care services, adult; per diem	S5102	U1				39.00	4/1/2022	1/12/2021
HCBS	Adult Day Care	050	MSL010	Shared Living	Day care services, adult; per diem	S5102	U1				39.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MCS010	LTSS HCBS Services	Day care services, adult; per diem	S5102	U1	U2			78.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MDE010	OHA Community Waiver Program	Day care services, adult; per diem	S5102	U1	U2			78.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MHB010	Habilitation Community Service	Day care services, adult; per diem	S5102	U1	U2			78.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MMA001	General Medicaid	Day care services, adult; per diem	S5102	U1	U2			78.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MPS020	Medicaid Preventive Services	Day care services, adult; per diem	S5102	U1	U2			78.00	4/1/2022	8/9/2020
HCBS	Adult Day Care	050	MSD020	Personal Choice Program	Day care services, adult; per diem	S5102	U1	U2			78.00	4/1/2022	1/12/2021
HCBS	Adult Day Care	050	MSL010	Shared Living	Day care services, adult; per diem	S5102	U1	U2			78.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MCS010	LTSS HCBS Services	Day care services, adult; per diem	S5102	U2				58.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MDE010	OHA Community Waiver Program	Day care services, adult; per diem	S5102	U2				58.00	4/1/2022	10/1/2018

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HCBS	Adult Day Care	050	MMA001	General Medicaid	Day care services, adult; per diem	S5102	U2				58.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MPS020	Medicaid Preventive Services	Day care services, adult; per diem	S5102	U2				58.00	4/1/2022	8/9/2020
HCBS	Adult Day Care	050	MSD020	Personal Choice Program	Day care services, adult; per diem	S5102	U2				58.00	4/1/2022	1/12/2021
HCBS	Adult Day Care	050	MSL010	Shared Living	Day care services, adult; per diem	S5102	U2				58.00	4/1/2022	10/1/2018
HCBS	Adult Day Care	050	MCS010	LTSS HCBS Services	Case management, each 15 minutes	T1016					15.00	4/1/2022	3/18/2020
HCBS	Adult Day Care	050	MMA001	General Medicaid	Case management, each 15 minutes	T1016					15.00	4/1/2022	3/18/2020
HCBS	Assisted Living Facility	033	MDE050	OHA Assisted Living	Assisted living, waiver, per diem	T2031					78.00	11/1/2021	11/1/2021
HCBS	Assisted Living Facility	033	MWA070	Assisted Living	Assisted living, waiver, per diem	T2031					78.00	11/1/2021	11/1/2021
HCBS	Case Management	044	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity	99203					29.00	1/1/1996	1/1/1996
HCBS	Case Management	044	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity	99204					45.00	1/1/1996	1/1/1996
HCBS	Case Management	044	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making	99212					20.64	4/1/1993	4/1/1993
HCBS	Case Management	044	MMA001	General Medicaid	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	99213					20.64	4/1/1993	4/1/1993
HCBS	Case Management	044	MDE050	OHA Assisted Living	Case management, each 15 minutes	T1016					15.00	7/1/2009	7/1/2009
HCBS	Case Management	044	MWA070	Assisted Living	Case management, each 15 minutes	T1016					15.00	5/1/2006	5/1/2006
HCBS	Case Management	044	MCS010	LTSS HCBS Services	Targeted case management, each 15 minutes	T1017					15.00	7/1/2009	7/1/2009
HCBS	Case Management	044	MDE010	OHA Community Waiver Program	Targeted case management, each 15 minutes	T1017					15.00	5/1/2006	5/1/2006
HCBS	Case Management	044	MDE060	OHA Case Management (CNOM)	Targeted case management, each 15 minutes	T1017					15.00	7/1/2009	7/1/2009
HCBS	Case Management	044	OOR010	Social Services For The Blind (CNOM)	Targeted case management, each 15 minutes	T1017					14.00	1/16/2009	1/16/2009
HCBS	Case Management	044	MLP010	Lead Poisoning Case Management	Comprehensive environmental lead investigation, not including laboratory	T1029					775.00	5/1/2006	5/1/2006
HCBS	Case Management	044	MMA001	General Medicaid	Frames, purchases	V2020					12.00	6/1/2012	6/1/2012
HCBS	Case Management	044	MMA001	General Medicaid	Sphere, single vision, plano to plus or minus 4.00, per lens	V2100	RT	LT			28.79	6/1/2012	6/1/2012
HCBS	Case Management	044	MDC110	Child Advocacy	Case management-child advocacy non-medical per 1/4 hour	X0150					16.00	9/1/1994	9/1/1994
HCBS	Case Management	044	MHV010	HIV Case Management	Non-medical case management - HIV, per 1/4 hour unit	X0377					15.00	1/1/1995	1/1/1995
HCBS	Case Management	044	MMA001	General Medicaid	Non-medical case management - services for blind & visually impaired (SBV1)	X0620					14.00	1/1/1994	1/1/1994
HCBS	Day Habilitation	055	MHB010	Habilitation Community Service	Day habilitation, waiver, per 15 minutes	T2021					5.32	4/1/2022	7/1/2009
HCBS	Home Care	072	MCS010	LTSS HCBS Services	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE010	OHA Community Waiver Program	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE030	OHA At Home Cost Share	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE040	OHA At Home Cost Share	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
HCBS	Home Care	072	MPS020	Medicaid Preventive Services	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
HCBS	Home Care	072	MCS010	LTSS HCBS Services	Attendant care services; per 15 minutes	S5125					6.41	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE010	OHA Community Waiver Program	Attendant care services; per 15 minutes	S5125	U1				6.41	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE030	OHA At Home Cost Share	Attendant care services; per 15 minutes	S5125	U1				6.41	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE040	OHA At Home Cost Share	Attendant care services; per 15 minutes	S5125	U1				6.41	7/1/2022	7/1/2022
HCBS	Home Care	072	MPS020	Medicaid Preventive Services	Attendant care services; per 15 minutes	S5125	U1				6.41	7/1/2022	7/1/2022
HCBS	Home Care	072	MCS010	LTSS HCBS Services	Homemaker service, nos; per 15 minutes	S5130					6.21	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE010	OHA Community Waiver Program	Homemaker service, nos; per 15 minutes	S5130					6.21	7/1/2022	7/1/2022
HCBS	Home Care	072	MPS020	Medicaid Preventive Services	Homemaker service, nos; per 15 minutes	S5130					6.21	7/1/2022	7/1/2022
HCBS	Home Care	072	MCS010	LTSS HCBS Services	Homemaker service, nos; per 15 minutes	S5130					14.35	7/1/2022	7/1/2022
HCBS	Home Care	072	MCS010	LTSS HCBS Services	Nursing assessment/evaluation	T1001					103.84	7/1/2022	7/1/2022
HCBS	Home Care	072	MDE010	OHA Community Waiver Program	Nursing assessment/evaluation	T1001					103.84	7/1/2022	7/1/2022
HCBS	Home Care	072	MHB010	Habilitation Community Service	Nursing assessment/evaluation	T1001					103.84	7/1/2022	7/1/2022
HCBS	Home Care	072	MPS020	Medicaid Preventive Services	Nursing assessment/evaluation	T1001					103.84	7/1/2022	7/1/2022
HCBS	Home Health	010	MMA001	General Medicaid	Services of home health/hospice aide in home health or hospice setting, each 15 minutes	G0156					7.54	7/1/2022	7/1/2022
HCBS	Home Health	010	MMA001	General Medicaid	Home health nursing and therapy visits	X0043					114.54	7/1/2022	7/1/2022
HCBS	Home Meal Delivery	077	MCS010	LTSS HCBS Services	Home-delivered meals, including preparation; per meal	S5170					12.00	7/1/2022	7/1/2022
HCBS	Home Meal Delivery	077	MDE010	OHA Community Waiver Program	Home-delivered meals, including preparation; per meal	S5170					12.00	7/1/2022	7/1/2022
HCBS	Home Meal Delivery	077	MSD020	Personal Choice Program	Home-delivered meals, including preparation; per meal	S5170					12.00	7/1/2022	7/1/2022

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HCBS	Home Meal Delivery	077	MCS010	LTSS HCBS Services	Home-delivered meals, including preparation; per meal	S5170	U1				12.00	7/1/2022	7/1/2022
HCBS	Home Meal Delivery	077	MDE010	OHA Community Waiver Program	Home-delivered meals, including preparation; per meal	S5170	U1				12.00	7/1/2022	7/1/2022
HCBS	Home Meal Delivery	077	MCS010	LTSS HCBS Services	Home-delivered meals, including preparation; per meal	S5170	U2				6.50	7/1/2022	7/1/2022
HCBS	Home Meal Delivery	077	MDE010	OHA Community Waiver Program	Home-delivered meals, including preparation; per meal	S5170	U2				6.50	7/1/2022	7/1/2022
HCBS	Home Meal Delivery	077	MSD020	Personal Choice Program	Home-delivered meals, including preparation; per meal	S5170	U2				6.50	7/1/2022	7/1/2022
HCBS	Independent Provider	116	MIP010	Independent Provider Program	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	T1019					4.24	7/1/2022	7/1/2022
HCBS	Independent Provider	116	MIP010	Independent Provider Program	Waiver services; not otherwise specified	T2025					170.00	4/1/2022	10/1/2019
HCBS	Personal Choice/Hab Case Management	069	MHB010	Habilitation Community Service	Case management, each 15 minutes	T1016					15.00	4/1/2022	1/1/2019
HCBS	Personal Choice/Hab Case Management	069	MHB010	Habilitation Community Service	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	T1028					60.00	7/1/2009	7/1/2009
HCBS	Personal Choice/Hab Case Management	069	MIP010	Independent Provider Program	Case management, per month	T2022					125.00	10/1/2019	10/1/2019
HCBS	Personal Choice/Hab Case Management	069	MSD020	Personal Choice Program	Case management, per month	T2022					125.00	1/12/2021	1/12/2021
HCBS	Personal Choice/Hab Case Management	069	MSD020	Personal Choice Program	Case management, per month	T2022	U2				175.00	1/12/2021	1/12/2021
HCBS	Self Directed Community Services	071	MSD020	Personal Choice Program	Waiver services; not otherwise specified	T2025					125.00	4/1/2022	1/12/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136					35.53	7/1/2021	7/1/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136	TG				44.98	7/1/2021	7/1/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136	TG	U1			52.92	7/1/2021	7/1/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136	TG	U1	UN		39.70	7/1/2021	7/1/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136	TG	UN			33.74	7/1/2021	7/1/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136	TG				41.80	7/1/2021	7/1/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136	U1	UN			31.35	7/1/2021	7/1/2021
HCBS	Shared Living Agency	051	MSL010	Shared Living	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	T1028					300.00	3/1/2010	3/1/2010
HCBS	Shared Living Agency	051	MSL010	Shared Living	Waiver services; not otherwise specified	T2025					26.03	3/1/2010	3/1/2010
HCBS	Shared Living Agency	051	MSL010	Shared Living	Waiver services; not otherwise specified	T2025	U1				26.99	1/1/2015	1/1/2015
HCBS	Waiver Case Manager - Other	057	MHB020	Habilitation Group Home Services	Case management, each 15 minutes	T1016					15.00	1/1/2019	1/1/2019
HCBS	Waiver Case Manager - Other	057	MCS010	LTSS HCBS Services	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	T1028					60.00	7/1/2009	7/1/2009
HCBS	Waiver Case Manager - Other	057	MDE010	OHA Community Waiver Program	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	T1028					60.00	7/1/2009	7/1/2009
HCBS	Waiver Case Manager - Other	057	MHB020	Habilitation Group Home Services	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	T1028					60.00	7/1/2009	7/1/2009
HCBS	Waiver Case Manager - Other	057	MMA001	General Medicaid	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	T1028					60.00	7/1/2017	7/1/2017
HCBS	Waiver Case Manager - Other	057	MSL010	Shared Living	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	T1028					300.00	3/1/2010	3/1/2010
Intellectual and Developmental Disability Services	Adult Day Care	050	MAD010	Adult Day Care	Day care services, adult; per diem	S5102					29.00	4/1/2022	10/1/2018
Intellectual and Developmental Disability Services	Adult Day Care	050	MAD010	Adult Day Care	Day care services, adult; per diem	S5102	U1				39.00	4/1/2022	10/1/2018
Intellectual and Developmental Disability Services	Adult Day Care	050	MAD010	Adult Day Care	Day care services, adult; per diem	S5102	U1	U2			78.00	4/1/2022	10/1/2018
Intellectual and Developmental Disability Services	Adult Day Care	050	MAD010	Adult Day Care	Day care services, adult; per diem	S5102	U2				58.00	4/1/2022	10/1/2018
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	TG				226.92	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	TG				226.92	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	TG	U2			197.88	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	TG	U2			197.88	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	BHD011	BHDDH DD CNOM Eligibility	Case management, per month	T2022	U5				111.54	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	U5				111.54	7/1/2022	7/1/2022

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Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	U5				111.54	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD063	BHDDH Transportation State	Case management, per month	T2022	U5				111.54	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	U5	U2			49.20	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	U6				134.34	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	U6				134.34	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD063	BHDDH Transportation State	Case management, per month	T2022	U6				134.34	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	U7				158.01	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	U7				158.01	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD063	BHDDH Transportation State	Case management, per month	T2022	U7				158.01	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	U7	U2			98.41	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	UA				226.92	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	UA				226.92	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	UA	U2			197.88	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	UA	U2			197.88	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	TG				232.89	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	U6				37.59	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	U6				37.59	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	U7				56.91	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	U7				56.91	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	UA				121.94	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per diem	T2020	UA				121.94	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021	TG				9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	TG				9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	TG				9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021	TG	U1			9.56	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	TG	U1			9.56	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	TG	U1			9.56	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	TG	U1			9.56	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021	U5				1.38	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U5				1.38	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U5				1.38	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021	U5	U1			2.01	7/1/2022	7/1/2022

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Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U5	U1			2.01	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U5	U1			2.01	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U6				1.59	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U6				1.59	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U6	U1			2.01	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U6	U1			2.01	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U7				2.26	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U7				2.26	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U7	U1			4.67	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U7	U1			4.67	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U7	U1			4.67	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021	U8				13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U8				13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U8				13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U8				13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	UA				3.45	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	UA				3.45	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021	UA	U1			9.56	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	UA	U1			9.56	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	UA	U1			9.56	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	UA	U1			9.56	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019					9.69	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD012	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019					9.69	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD013	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019					9.69	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UN				5.57	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD013	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UN				5.57	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UP				3.88	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD013	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UP				3.88	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UQ				3.03	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD013	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UQ				3.03	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	UR				2.52	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	US				2.18	7/1/2022	7/1/2022

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Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Targeted case management; per month	T2023	TG				727.22	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	BHD011	BHDDH DD CNOM Eligibility	Targeted case management; per month	T2023	U5				216.39	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Targeted case management; per month	T2023	U5				216.39	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD012	BHDDH Community Support	Targeted case management; per month	T2023	U5				216.39	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD013	BHDDH Community Support	Targeted case management; per month	T2023	U5				216.39	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Targeted case management; per month	T2023	U6				299.88	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD012	BHDDH Community Support	Targeted case management; per month	T2023	U6				299.88	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Targeted case management; per month	T2023	U7				386.66	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Targeted case management; per month	T2023	UA				580.00	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD011	BHDDH Community Support	Waiver services; not otherwise specified	T2025	UD				60.18	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD012	BHDDH Community Support	Waiver services; not otherwise specified	T2025	UD				60.18	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	MBD013	BHDDH Community Support	Waiver services; not otherwise specified	T2025	UD				60.18	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Ind. Living Only	088	MBD020	BHDDH DD Residential	Habilitation, residential, waiver, per diem	T2016	U8				28.94	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Respite care, in the home, per diem	S9125					277.56	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Respite services 15 minutes	T1005					7.71	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	BHD011	BHDDH DD CNOM Eligibility	Habilitation, education, per hour	T2013					43.78	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Habilitation, education, per hour	T2013					43.78	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	BHD011	BHDDH DD CNOM Eligibility	Habilitation, educational, waiver, per 15 minutes	T2017					9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017					9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017					9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD013	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017					9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	BHD011	BHDDH DD CNOM Eligibility	Habilitation, educational, waiver, per 15 minutes	T2017	UD				13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD				13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD				13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UN				5.45	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UN				5.45	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	BHD011	BHDDH DD CNOM Eligibility	Habilitation, educational, waiver, per 15 minutes	T2017	UP				3.79	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UP				3.79	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UP				3.79	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UQ				2.96	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UQ				2.96	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UR				2.46	7/1/2022	7/1/2022

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Major Service Category	Detailed Service Category	Billing Provider Code	Program Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Current Rate	Effective Date	Effective Date (excl. ARPA)
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UR				2.46	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	US				2.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	US				2.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Other	088	MBD011	BHDDH Community Support	Respite services 15 minutes	T1005	UJ				5.43	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Other	088	MBD061	BHDDH Transportation Waiver	Non-emergency transportation; encounter/trip	T2003	TG				18.64	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Other	088	MBD062	BHDDH Transportation ME	Non-emergency transportation; encounter/trip	T2003	TG				18.64	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Other	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	U2	U1			9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Other	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	U2	U1			9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Other	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD	U8			13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Other	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD	U8			13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Other	088	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	L6				56.73	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Other	088	MBD062	BHDDH Transportation ME	Case management, per month	T2022	L6				56.73	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Other	088	MBD011	BHDDH Community Support	Targeted case management; per month	T2023	UD				1,625.00	1/1/2018	1/1/2018
Intellectual and Developmental Disability Services	BHDDH - Other	088	MBD011	BHDDH Community Support	Supports brokerage, self-directed, waiver; per 15 minutes	T2041	U2				12.50	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Prevocational Training	088	MBD011	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015					37.27	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Prevocational Training	088	MBD012	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015					37.27	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Prevocational Training	088	MBD011	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	UN				19.29	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Prevocational Training	088	MBD012	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	UN				19.29	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Prevocational Training	088	MBD011	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	UP				13.41	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Prevocational Training	088	MBD012	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	UP				13.41	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Prevocational Training	088	MBD011	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	UQ				10.49	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Prevocational Training	088	MBD011	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	UR				8.73	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Prevocational Training	088	MBD011	BHDDH Community Support	Habilitation, prevocational, waiver, per hour	T2015	US				7.58	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Habilitation, residential, waiver, per diem	T2016	TG				437.61	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Habilitation, residential, waiver, per diem	T2016	U5				171.44	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Habilitation, residential, waiver, per diem	T2016	U6				171.44	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Habilitation, residential, waiver, per diem	T2016	U7				242.11	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Habilitation, residential, waiver, per diem	T2016	UA				390.45	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	TG				437.61	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	TG	U1			133.37	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U5				171.44	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U5	U1			71.85	7/1/2022	7/1/2022

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Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U6				171.44	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U6	U1			87.69	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U7				242.11	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U7	U1			111.33	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	UA				390.45	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	UA	U1			133.37	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	MBD011	BHDDH Community Support	Respite services 15 minutes	T1005	U2				7.71	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	MBD011	BHDDH Community Support	Respite services 15 minutes	T1005	UJ	U2			5.43	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	MBD011	BHDDH Community Support	Habilitation, education, per hour	T2013	UD	U2			47.72	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	U2				9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	U2				9.47	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD	U2			13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	MBD011	BHDDH Community Support	Habilitation, supported employment, waiver; per 15 minutes	T2019	U2				9.69	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021	U8	U1			13.13	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	MBD011	BHDDH Community Support	Waiver services; not otherwise specified	T2025	U2				50.00	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	MBD012	BHDDH Community Support	Waiver services; not otherwise specified	T2025	U2				50.00	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	MBD011	BHDDH Community Support	Waiver services; not otherwise specified	T2025	UD	U2			60.18	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	MBD012	BHDDH Community Support	Waiver services; not otherwise specified	T2025	UD	U2			60.18	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Transportation	088	BHD011	BHDDH DD CNOM Eligibility	Non-emergency transportation; encounter/trip	T2003					10.62	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Transportation	088	MBD061	BHDDH Transportation Waiver	Non-emergency transportation; encounter/trip	T2003					10.62	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Transportation	088	MBD062	BHDDH Transportation ME	Non-emergency transportation; encounter/trip	T2003					10.62	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Transportation	088	MBD063	BHDDH Transportation State	Non-emergency transportation; encounter/trip	T2003					10.62	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Transportation	088	MBD061	BHDDH Transportation Waiver	Non-emergency transportation; encounter/trip	T2003	UA				18.64	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	BHDDH - Transportation	088	MBD062	BHDDH Transportation ME	Non-emergency transportation; encounter/trip	T2003	UA				18.64	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Home Care	072	MBD030	BHDDH DD Home Health Services	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Home Care	072	MCC010	Severely Disabled Home Care Services	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Home Care	072	MBD030	BHDDH DD Home Health Services	Attendant care services; per 15 minutes	S5125	U1				6.41	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Home Care	072	MBD030	BHDDH DD Home Health Services	Homemaker service, nos; per 15 minutes	S5130					6.21	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Home Care	072	MBD030	BHDDH DD Home Health Services	Homemaker service, nos; per 15 minutes	S5130	TE				14.35	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Home Care	072	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000					14.35	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Home Care	072	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	TV				14.35	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Home Care	072	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	UH				14.35	7/1/2022	7/1/2022

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Intellectual and Developmental Disability Services	Home Care	072	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	UJ				14.35	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Home Care	072	MCC010	Severely Disabled Home Care Services	Nursing assessment/evaluation	T1001					103.84	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Severly Disabled Nursing Homecare	065	MCC010	Severely Disabled Home Care Services	Attendant care services; per 15 minutes	S5125					6.63	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Severly Disabled Nursing Homecare	065	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000					14.35	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Severly Disabled Nursing Homecare	065	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	TE				11.62	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Severly Disabled Nursing Homecare	065	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	TU				14.35	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Severly Disabled Nursing Homecare	065	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	TU	TE			11.62	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Severly Disabled Nursing Homecare	065	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	TV				14.35	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Severly Disabled Nursing Homecare	065	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	TV	TE			11.62	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Severly Disabled Nursing Homecare	065	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	UH				14.35	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Severly Disabled Nursing Homecare	065	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	UH	TE			11.62	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Severly Disabled Nursing Homecare	065	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	UJ				14.35	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Severly Disabled Nursing Homecare	065	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000	UJ	TE			11.62	7/1/2022	7/1/2022
Intellectual and Developmental Disability Services	Severly Disabled Nursing Homecare	065	MCC010	Severely Disabled Home Care Services	Nursing assessment/evaluation	T1001					103.84	7/1/2022	7/1/2022

Notes

1. Medicaid fee schedule was provided by Gainwell on February 28, 2023 and is limited to services in the SFY 2022 Medicaid fee-for-service claims data performed by selected providers.
2. Certain rate changes in the Medicaid fee schedule are attributable to changes in service coding, particularly for behavioral health services for which service codes were changed January 1, 2016. Updates to Phase 2 of this report will include rate changes prior to January 1, 2016, for the affected services.
3. Codes with \$0.00 or \$0.01 reimbursement are excluded from the table above.
4. Negotiated or manually adjusted fees are not included.

Appendix 2: Non-Medicaid Service Reimbursement

State of Rhode Island Office of the Health Insurance Commissioner Appendix 2 Non-Medicaid Service Reimbursement									
Service Subject Area			Service Description				Reimbursement		
Agency	Major Service Category	Detailed Service Category	Service Name	Identification Code	Subgroup	Provider Name	Current Rate	Service Unit	Effective Date
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	MedRate	Alliance Human Services, Inc.	\$ 109.51	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	MedRate	Boys Town New England	\$ 125.73	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Alliance Human Services, Inc.	\$ 48.05	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Boys Town New England	\$ 55.93	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Child & Family Services of Newport	\$ 53.15	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Children's Friend and Service	\$ 52.29	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Communities for People, Inc.	\$ 51.92	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Community Care Alliance	\$ 52.44	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Devereux Foundation Inc.	\$ 56.97	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Family Service of Rhode Island	\$ 52.85	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	Groden Center	\$ 63.86	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier1	NAFI Connecticut, Inc.	\$ 55.06	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Alliance Human Services, Inc.	\$ 50.29	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Boys Town New England	\$ 56.36	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Child & Family Services of Newport	\$ 55.80	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Children's Friend and Service	\$ 54.90	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Communities for People, Inc.	\$ 51.92	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Community Care Alliance	\$ 52.44	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Devereux Foundation Inc.	\$ 58.53	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Family Service of Rhode Island	\$ 52.85	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	Groden Center	\$ 63.86	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier2	NAFI Connecticut, Inc.	\$ 55.06	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Alliance Human Services, Inc.	\$ 79.33	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Boys Town New England	\$ 80.72	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Child & Family Services of Newport	\$ 75.29	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Children's Friend and Service	\$ 78.64	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Communities for People, Inc.	\$ 66.46	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Community Care Alliance	\$ 81.03	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Devereux Foundation Inc.	\$ 66.70	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Family Service of Rhode Island	\$ 90.44	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	Groden Center	\$ 89.22	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier3	NAFI Connecticut, Inc.	\$ 85.07	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Alliance Human Services, Inc.	\$ 100.57	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Boys Town New England	\$ 102.54	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Child & Family Services of Newport	\$ 88.57	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Children's Friend and Service	\$ 95.19	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Communities for People, Inc.	\$ 102.58	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Community Care Alliance	\$ 103.75	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Devereux Foundation Inc.	\$ 98.50	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Family Service of Rhode Island	\$ 105.80	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	Groden Center	\$ 125.25	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier4	NAFI Connecticut, Inc.	\$ 114.48	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Alliance Human Services, Inc.	\$ 105.04	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Child & Family Services of Newport	\$ 92.99	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Children's Friend and Service	\$ 99.94	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Communities for People, Inc.	\$ 111.71	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Community Care Alliance	\$ 103.75	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Devereux Foundation Inc.	\$ 102.52	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Family Service of Rhode Island	\$ 105.80	Per Diem	7/1/2022
DCYF	Foster Care	Private Agency Foster Care	Therapeutic Foster Care	FCAS	Tier5	Groden Center	\$ 125.25	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Community Health Team	Trauma Systems Therapy Community Health Team	TSTCHT1		Family Service of Rhode Island	\$ 190.09	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	CSEC Mentor	Commercial Sexual Exploitation of Children Mentoring Program	CSEC1		Day One	\$ 43.45	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Disruptive Behavior Program	MST - Contracted	HB04		NAFI Connecticut, Inc.	\$ 73.59	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Disruptive Behavior Program	Disruptive Behavior Program	PLLHme		NAFI Connecticut, Inc.	\$ 61.91	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Disruptive Behavior Program	Parentingw/Love&Limits	PLLPlmt		NAFI Connecticut, Inc.	\$ 61.91	Per Diem	7/1/2022

State of Rhode Island Office of the Health Insurance Commissioner Appendix 2 Non-Medicaid Service Reimbursement									
Service Subject Area			Service Description				Reimbursement		
Agency	Major Service Category	Detailed Service Category	Service Name	Identification Code	Subgroup	Provider Name	Current Rate	Service Unit	Effective Date
DCYF	Home and Community-Based Services	Disruptive Behavior Program	PreservingFamNetworks	PFN		Tides Family Services	\$ 97.93	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Disruptive Behavior Program	PreservingFamNetworks	PFNIt		Tides Family Services	\$ 51.81	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Disruptive Behavior Program	Short-Term Assessment & Stabilization	PFN		Tides Family Services	\$ 97.93	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Enhanced Family Support Services	Enhanced Family Support Services	EFSS2		Communities for People, Inc.	\$ 38.76	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Enhanced Family Support Services	Enhanced Family Support Services Program	EFSS3		Key Program, Inc.	\$ 38.76	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family-Centered Treat	Family-Centered Treatment	FCT		Child & Family Services of Newport	\$ 78.48	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family-Centered Treat	Family-Centered Treatment	FCT2		Communities for People, Inc.	\$ 77.91	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Community Care Partnership	FamilyPres-FCCP	FCCP		Child & Family Services of Newport	\$ 41.69	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Community Care Partnership	FamilyPres-FCCP	FCCP		Communities for People, Inc.	\$ 41.69	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Community Care Partnership	FamilyPres-FCCP	FCCP		Community Care Alliance	\$ 41.69	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Community Care Partnership	FamilyPres-FCCP	FCCP		Family Service of Rhode Island	\$ 41.69	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Community Care Partnership	FamilyPres-FCCP	FCCP		Tri-County Community Action Agency	\$ 41.69	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Community Care Partnership	Short-Term Assessment & Stabilization	FCCP		Child & Family Services of Newport	\$ 52.80	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Community Care Partnership	Short-Term Assessment & Stabilization	FCCP		Communities for People, Inc.	\$ 52.80	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Community Care Partnership	Short-Term Assessment & Stabilization	FCCP		Community Care Alliance	\$ 52.80	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Community Care Partnership	Short-Term Assessment & Stabilization	FCCP		Family Service of Rhode Island	\$ 52.80	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Community Care Partnership	Short-Term Assessment & Stabilization	FCCP		Tri-County Community Action Agency	\$ 52.80	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Preservation	Family Stabilization Program	FP5		Children's Friend and Service	\$ 79.01	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Preservation	Treatment Program for Families	FP		Community Care Alliance	\$ 27.31	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Family Stabilization Program	Family Stabilization Program	FSP1		Child & Family Services of Newport	\$ 38.48	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Familypres-Peer Support	Family and Youth Support Partner Services	FVC4		Parent Support Network of RI	\$ 22.85	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Familypres-Visitation	Family and Youth Support Partner Services	FVC4		Parent Support Network of RI	\$ 22.85	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Functional Family Therapy	Disruptive Behavior Program	FFT2		Tides Family Services	\$ 37.11	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Functional Family Therapy	Functional Family Therapy	FFT		Child & Family Services of Newport	\$ 37.77	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Homebuilders	Family Stabilization Program	HBLD1		Bethany Christian Serv of Southern	\$ 270.96	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Miscellaneous Programs	Outreach and Tracking	OT		Tides Family Services	\$ 41.33	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Miscellaneous Programs	Outreach and Tracking	OT		Tides Family Services	\$ 45.03	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Miscellaneous Programs	Truancy Intervention	OT		Tides Family Services	\$ 41.33	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	MST - Contracted	Multi-Systemic Therapy	HB5		Providence Center	\$ 73.59	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Safecare	SafeCare	SC1		Family Service of Rhode Island	\$ 39.31	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Special Populations Program	Family Pres - DD Parent	PCD		Groden Center	\$ 152.40	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Special Populations Program	Family Stabilization Program	PCD		Groden Center	\$ 171.99	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Special Populations Program	Foster Parent Support Services	FOC9		St. Mary's Home for Children	\$ 108.27	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Special Populations Program	MST-PSB	MSTPSB0		NAFI Connecticut, Inc.	\$ 179.17	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Special Populations Program	STAAR	STAAR1		St. Mary's Home for Children	\$ 110.94	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Teen Act	Teen Assertive Community Treatment	TACT		Providence Center	\$ 59.35	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Triple P	Positive Parenting Program	TRI P		Key Program, Inc.	\$ 56.99	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	TST Community Based	Trauma System Therapy Community	TST1		Family Service of Rhode Island	\$ 98.04	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	TTEAM	Trauma, Treatment, Evaluation, Assessment and Management	CSECTT		Day One	\$ 49.40	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Visitation Center	Family Visitation/Care Coordination Services	FVC2		Boys Town New England	\$ 41.64	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Visitation Center	Parent Child Visitation Center	FVC		Community Care Alliance	\$ 62.65	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Visitation Center	Parent Child Visitation Center	FVC1NEC		Community Care Alliance	\$ 75.12	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Visitation Center	Trauma Systems Therapy Visitation and Coaching	FVC3		Family Service of Rhode Island	\$ 53.57	Per Diem	7/1/2022
DCYF	Home and Community-Based Services	Youth Advocate Program	Youth Advocate Programs	YAP1		Youth Advocate Program, Inc.	\$ 78.47	Per Diem	7/1/2022
DCYF	Residential Care	Assessment Stabilization Center	Assessment & Stabilization Center	ES25		St. Mary's Home for Children	\$ 366.89	Per Diem	7/1/2022
DCYF	Residential Care	Assessment Stabilization Center	Short-Term Assessment and Reunification	ES2		Communities for People, Inc.	\$ 698.82	Per Diem	7/1/2022
DCYF	Residential Care	Assessment Stabilization Center	Trauma Systems Therapy Residential	ES3		Family Service of Rhode Island	\$ 627.39	Per Diem	7/1/2022
DCYF	Residential Care	Assessment Stabilization Center	Turning the Corner	ES18		Jammat Housing & Comm Dev Ctr	\$ 316.04	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Adolescent Developmental Disabilities Program	GH10B		Whitmarsh Corp	\$ 360.74	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Family Home Program	GH033		Boys Town New England	\$ 442.66	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Family Home Program	GH033a		Boys Town New England	\$ 424.40	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Family Home Program	GH033b		Boys Town New England	\$ 443.88	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Group Home Treatment Placement	RCC03		Bradley Hospital	\$ 661.54	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Group Home Treatment Placement	SST04		NAFI Connecticut, Inc.	\$ 550.00	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Group Home Treatment Placement	SST04F		NAFI Connecticut, Inc.	\$ 550.00	Per Diem	7/1/2022

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Service Subject Area			Service Description				Reimbursement		
Agency	Major Service Category	Detailed Service Category	Service Name	Identification Code	Subgroup	Provider Name	Current Rate	Service Unit	Effective Date
DCYF	Residential Care	Group Homes	Group Home Treatment Placement	SST7		Community Solutions, Inc.	\$ 507.03	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Hospital Diversion Program	RTP2		Jammat Housing & Comm Dev Ctr	\$ 453.03	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Intensive Supervised Living	SST2		Communities for People, Inc.	\$ 392.54	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Program for Youth with Developmental Disabilities	GH34		Jammat Housing & Comm Dev Ctr	\$ 337.29	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Residential Care in Group Home		Exeter House	Bradley Hospital	\$ 571.00	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Residential Care in Group Home		Heritage House	Bradley Hospital	\$ 580.00	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Residential Care in Group Home		Hill House	Bradley Hospital	\$ 703.00	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Residential Care in Group Home		Rumford House	Bradley Hospital	\$ 532.00	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Residential Treatment Program	GH48		Groden Center	\$ 443.20	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Residential Treatment Staff Secure Program	SST1		Child & Family Services of Newport	\$ 473.97	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Sex Offenders Residential Treatment Program for Youth	GH30		Jammat Housing & Comm Dev Ctr	\$ 330.74	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Sex Offenders Residential Treatment Program for Youth	GH31		Jammat Housing & Comm Dev Ctr	\$ 330.74	Per Diem	7/1/2022
DCYF	Residential Care	Group Homes	Trauma Systems Therapy Residential	SST3		Family Service of Rhode Island	\$ 800.64	Per Diem	7/1/2022
DCYF	Residential Care	Independent Living Contracted	Independent Living	IL1		Child & Family Services of Newport	\$ 130.97	Per Diem	7/1/2022
DCYF	Residential Care	Independent Living Contracted	Independent Living Program	IL2		Whitmarsh Corp	\$ 160.41	Per Diem	7/1/2022
DCYF	Residential Care	Independent Living Contracted	Independent Living Program	IL3		Communities for People, Inc.	\$ 157.15	Per Diem	7/1/2022
DCYF	Residential Care	Independent Living Contracted	Semi-Independent Living	IL5		NAFI Connecticut, Inc.	\$ 307.53	Per Diem	7/1/2022
DCYF	Residential Care	Independent Living Contracted	Transitional Living Program	IL4		Providence Center	\$ 129.83	Per Diem	7/1/2022
DCYF	Residential Care	Independent Living Contracted	Transitional Living Program LGBTQ	ILLGBT1		Providence Center	\$ 164.62	Per Diem	7/1/2022
DCYF	Residential Care	Independent Living Contracted	Transitional Living Program Teen Mom	ILTP1		Providence Center	\$ 169.44	Per Diem	7/1/2022
DCYF	Residential Care	POS Assessment Stabilization Center	Group Home Treatment Placement	PS36AP		Communities for People, Inc.	\$ 939.36	Per Diem	7/1/2022
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AA		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AD		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AF		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AK		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AL		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AM		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AN		Communities for People, Inc.	\$ 214.56	Per Diem	7/1/2022
DCYF	Residential Care	POS Foster Care	Residence Model Foster Care	PS36AO		Communities for People, Inc.	\$ 244.60	Per Diem	7/1/2022
DCYF	Residential Care	POS Group Homes	Group Home Treatment Placement	PS36AH		Communities for People, Inc.	\$ 469.68	Per Diem	7/1/2022
DCYF	Residential Care	POS Group Homes	Group Home Treatment Placement	PS36AQ		Communities for People, Inc.	\$ 939.36	Per Diem	7/1/2022
DCYF	Residential Care	Residential Treatment Center	General Treatment Unit	RTC8D		Harmony Hill School Inc.	\$ 266.19	Per Diem	7/1/2022
DCYF	Residential Care	Residential Treatment Center	Intensive Stabilization and Treatment	RTC8A		Harmony Hill School Inc.	\$ 665.00	Per Diem	7/1/2022
DCYF	Residential Care	Residential Treatment Center	Intensive Stabilization and Treatment	RTC8B		Harmony Hill School Inc.	\$ 399.57	Per Diem	7/1/2022
DCYF	Residential Care	Residential Treatment Center	Intensive Stabilization and Treatment	RTC8E		Harmony Hill School Inc.	\$ 461.42	Per Diem	7/1/2022
DCYF	Residential Care	Residential Treatment Center	Juvenile Justice Focused Residential Treatment Center	RP3		Ocean Tides, Inc.	\$ 533.81	Per Diem	7/1/2022
DCYF	Residential Care	Residential Treatment Center	Program for Sexually Abusive Adolescents	RTC8C		Harmony Hill School Inc.	\$ 301.25	Per Diem	7/1/2022
DCYF	Residential Care	Residential Treatment Center	Psychiatric Residential Treatment Facility	PRTF1		St. Mary's Home for Children	\$ 990.20	Per Diem	7/1/2022
DCYF	Residential Care	Residential Treatment Center	Psychiatric Residential Treatment Facility	PRTF2		St. Mary's Home for Children	\$ 990.20	Per Diem	7/1/2022
DCYF	Residential Care	Residential Treatment Center	Psychiatric Residential Treatment Facility	PRTF3		St. Mary's Home for Children	\$ 990.20	Per Diem	7/1/2022
DCYF	Residential Care	Semi-Independent Living	Bridge to Independent Living	SI5		Whitmarsh Corp	\$ 258.01	Per Diem	7/1/2022
DCYF	Residential Care	Semi-Independent Living	Bridge to Independent Living	SI7		Key Program, Inc.	\$ 582.00	Per Diem	7/1/2022
DCYF	Residential Care	Semi-Independent Living	Bridge to Independent Living	SI7		Key Program, Inc.	\$ 582.00	Per Diem	7/1/2022
DCYF	Residential Care	Semi-Independent Living	Intensive Supervised Community Living/Semi Independent Living Program	SI01		Child & Family Services of Newport	\$ 442.32	Per Diem	7/1/2022
DCYF	Residential Care	Semi-Independent Living	Semi-Independent Living	SI021		NAFI Connecticut, Inc.	\$ 307.53	Per Diem	7/1/2022
DCYF	Residential Care	Semi-Independent Living	Specialized Supported Living Program	SI10		Whitmarsh Corp	\$ 329.24	Per Diem	7/1/2022
DCYF	Residential Care	Semi-Independent Living	Transitional Treatment Program	TAP1		Communities for People, Inc.	\$ 442.85	Per Diem	7/1/2022
DCYF	Residential Care	Semi-Independent Living	Trauma Systems Therapy Residential	SI9		Family Service of Rhode Island	\$ 489.82	Per Diem	7/1/2022
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS120C		New England Ctr for Children/Autism	\$ 1,104.13	Per Diem	7/1/2022
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS122D		Latham Centers, Inc.	\$ 803.51	Per Diem	7/1/2022
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS135D		Easter Seals New Hampshire, Inc.	\$ 1,263.73	Per Diem	7/1/2022
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS135E		Easter Seals New Hampshire, Inc.	\$ 1,165.25	Per Diem	7/1/2022
DCYF	Residential Care - Out-of-State	High-End Residential Treatment	Out-of-State Placement for High-End-Needs Youth	PS135G		Easter Seals New Hampshire, Inc.	\$ 1,263.73	Per Diem	7/1/2022

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Service Subject Area			Service Description				Reimbursement		
Agency	Major Service Category	Detailed Service Category	Service Name	Identification Code	Subgroup	Provider Name	Current Rate	Service Unit	Effective Date
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Infant/Toddler - Star Rating: 1		\$ 265.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Infant/Toddler - Star Rating: 2		\$ 270.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Infant/Toddler - Star Rating: 3		\$ 282.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Infant/Toddler - Star Rating: 4		\$ 289.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Infant/Toddler - Star Rating: 5		\$ 300.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Preschool - Star Rating: 1		\$ 225.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Preschool - Star Rating: 2		\$ 235.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Preschool - Star Rating: 3		\$ 243.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Preschool - Star Rating: 4		\$ 250.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		Preschool - Star Rating: 5		\$ 260.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		School Age - Star Rating: 1		\$ 200.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		School Age - Star Rating: 2		\$ 205.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		School Age - Star Rating: 3		\$ 220.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		School Age - Star Rating: 4		\$ 238.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Full Time		School Age - Star Rating: 5		\$ 250.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Infant/Toddler - Star Rating: 1		\$ 132.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Infant/Toddler - Star Rating: 2		\$ 135.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Infant/Toddler - Star Rating: 3		\$ 141.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Infant/Toddler - Star Rating: 4		\$ 144.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Infant/Toddler - Star Rating: 5		\$ 150.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Preschool - Star Rating: 1		\$ 112.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Preschool - Star Rating: 2		\$ 117.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Preschool - Star Rating: 3		\$ 121.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Preschool - Star Rating: 4		\$ 125.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		Preschool - Star Rating: 5		\$ 130.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		School Age - Star Rating: 1		\$ 100.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		School Age - Star Rating: 2		\$ 102.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		School Age - Star Rating: 3		\$ 110.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		School Age - Star Rating: 4		\$ 119.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Half Time		School Age - Star Rating: 5		\$ 125.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Infant/Toddler - Star Rating: 1		\$ 66.25	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Infant/Toddler - Star Rating: 2		\$ 67.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Infant/Toddler - Star Rating: 3		\$ 70.50	Per Week	6/27/2022

State of Rhode Island Office of the Health Insurance Commissioner Appendix 2 Non-Medicaid Service Reimbursement									
Service Subject Area			Service Description				Reimbursement		
Agency	Major Service Category	Detailed Service Category	Service Name	Identification Code	Subgroup	Provider Name	Current Rate	Service Unit	Effective Date
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Infant/Toddler - Star Rating: 4		\$ 72.25	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Infant/Toddler - Star Rating: 5		\$ 75.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Preschool - Star Rating: 1		\$ 56.25	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Preschool - Star Rating: 2		\$ 58.75	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Preschool - Star Rating: 3		\$ 60.75	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Preschool - Star Rating: 4		\$ 62.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		Preschool - Star Rating: 5		\$ 65.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		School Age - Star Rating: 1		\$ 50.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		School Age - Star Rating: 2		\$ 51.25	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		School Age - Star Rating: 3		\$ 55.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		School Age - Star Rating: 4		\$ 59.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Quarter Time		School Age - Star Rating: 5		\$ 62.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		Infant/Toddler - Star Rating: 1		\$ 198.75	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		Infant/Toddler - Star Rating: 2		\$ 202.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		Infant/Toddler - Star Rating: 3		\$ 211.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		Infant/Toddler - Star Rating: 4		\$ 216.75	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		Infant/Toddler - Star Rating: 5		\$ 225.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		Preschool - Star Rating: 1		\$ 168.75	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		Preschool - Star Rating: 2		\$ 176.25	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		Preschool - Star Rating: 3		\$ 182.25	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		Preschool - Star Rating: 4		\$ 187.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		Preschool - Star Rating: 5		\$ 195.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		School Age - Star Rating: 1		\$ 150.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		School Age - Star Rating: 2		\$ 153.75	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		School Age - Star Rating: 3		\$ 165.00	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		School Age - Star Rating: 4		\$ 178.50	Per Week	6/27/2022
DHS	Child Care	Licensed Center Child Care Weekly Rates	Three-Quarter Time		School Age - Star Rating: 5		\$ 187.50	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		Infant/Toddler - Star Rating: 1		\$ 256.25	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		Infant/Toddler - Star Rating: 2		\$ 260.35	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		Infant/Toddler - Star Rating: 3		\$ 263.43	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		Infant/Toddler - Star Rating: 4		\$ 266.50	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		Infant/Toddler - Star Rating: 5		\$ 269.57	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		Preschool - Star Rating: 1		\$ 215.25	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		Preschool - Star Rating: 2		\$ 225.50	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		Preschool - Star Rating: 3		\$ 233.70	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		Preschool - Star Rating: 4		\$ 244.98	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		Preschool - Star Rating: 5		\$ 256.25	Per Week	6/27/2022

State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 2
Non-Medicaid Service Reimbursement

Service Subject Area			Service Description				Reimbursement		
Agency	Major Service Category	Detailed Service Category	Service Name	Identification Code	Subgroup	Provider Name	Current Rate	Service Unit	Effective Date
DHS	Child Care	Rates For Family Care Providers	Full Time		School Age - Star Rating: 1		\$ 189.63	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		School Age - Star Rating: 2		\$ 194.75	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		School Age - Star Rating: 3		\$ 210.13	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		School Age - Star Rating: 4		\$ 230.63	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Full Time		School Age - Star Rating: 5		\$ 240.88	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		Infant/Toddler - Star Rating: 1		\$ 128.13	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		Infant/Toddler - Star Rating: 2		\$ 130.18	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		Infant/Toddler - Star Rating: 3		\$ 131.72	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		Infant/Toddler - Star Rating: 4		\$ 133.25	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		Infant/Toddler - Star Rating: 5		\$ 134.79	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		Preschool - Star Rating: 1		\$ 107.63	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		Preschool - Star Rating: 2		\$ 112.75	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		Preschool - Star Rating: 3		\$ 116.85	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		Preschool - Star Rating: 4		\$ 122.49	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		Preschool - Star Rating: 5		\$ 128.13	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		School Age - Star Rating: 1		\$ 94.82	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		School Age - Star Rating: 2		\$ 97.38	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		School Age - Star Rating: 3		\$ 105.07	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		School Age - Star Rating: 4		\$ 115.32	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Half Time		School Age - Star Rating: 5		\$ 120.44	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Infant/Toddler - Star Rating: 1		\$ 64.06	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Infant/Toddler - Star Rating: 2		\$ 65.09	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Infant/Toddler - Star Rating: 3		\$ 65.86	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Infant/Toddler - Star Rating: 4		\$ 66.63	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Infant/Toddler - Star Rating: 5		\$ 67.39	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Preschool - Star Rating: 1		\$ 53.81	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Preschool - Star Rating: 2		\$ 56.38	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Preschool - Star Rating: 3		\$ 58.43	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Preschool - Star Rating: 4		\$ 61.25	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		Preschool - Star Rating: 5		\$ 64.06	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		School Age - Star Rating: 1		\$ 47.41	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		School Age - Star Rating: 2		\$ 48.69	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		School Age - Star Rating: 3		\$ 52.53	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		School Age - Star Rating: 4		\$ 57.66	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Quarter Time		School Age - Star Rating: 5		\$ 60.22	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Infant/Toddler - Star Rating: 1		\$ 192.19	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Infant/Toddler - Star Rating: 2		\$ 195.26	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Infant/Toddler - Star Rating: 3		\$ 197.57	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Infant/Toddler - Star Rating: 4		\$ 199.88	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Infant/Toddler - Star Rating: 5		\$ 202.18	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Preschool - Star Rating: 1		\$ 161.44	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Preschool - Star Rating: 2		\$ 169.13	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Preschool - Star Rating: 3		\$ 175.28	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Preschool - Star Rating: 4		\$ 183.74	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		Preschool - Star Rating: 5		\$ 192.19	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		School Age - Star Rating: 1		\$ 142.22	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		School Age - Star Rating: 2		\$ 146.06	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		School Age - Star Rating: 3		\$ 157.60	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		School Age - Star Rating: 4		\$ 172.97	Per Week	6/27/2022
DHS	Child Care	Rates For Family Care Providers	Three-Quarter Time		School Age - Star Rating: 5		\$ 180.66	Per Week	6/27/2022
DHS	Habilitative	ORS/SBVI PCA Program	Personal Care Attendant Program				\$ 14.50	Per Hour	10/1/2022
DHS	Medical Services	ORS/SBVI PCA Program ¹	All Medical Services						Medicaid Rate
DOH	Children's Services	First Connections ^{1,2}	First Connections Paraprofessional Visit	99502			\$ 59.95	15 Min	1/1/2023
DOH	Children's Services	First Connections ^{1,2}	First Connections Social Worker Visit	99502	AJ		\$ 67.85	15 Min	1/1/2023
DOH	Children's Services	First Connections ^{1,2}	First Connections Nurse Visit	99502	TD		\$ 85.86	15 Min	1/1/2023

State of Rhode Island Office of the Health Insurance Commissioner Appendix 2 Non-Medicaid Service Reimbursement									
Service Subject Area			Service Description				Reimbursement		
Agency	Major Service Category	Detailed Service Category	Service Name	Identification Code	Subgroup	Provider Name	Current Rate	Service Unit	Effective Date
DOH	Maternal Health	Healthy Families America & Nurse-Family Partnership ¹	Healthy Families America Post-Natal Follow-Up	99600	HD U4		\$ 46.88	15 Min	7/1/2022
DOH	Maternal Health	Healthy Families America & Nurse-Family Partnership ¹	Healthy Families America Prenatal Follow-Up	99600	HD		\$ 46.88	15 Min	7/1/2022
DOH	Maternal Health	Healthy Families America & Nurse-Family Partnership ¹	Nurse Family Partnership Post-Natal Follow-Up	99600	U4		\$ 64.53	15 Min	7/1/2022
DOH	Maternal Health	Healthy Families America & Nurse-Family Partnership ¹	Nurse Family Partnership Prenatal Follow-Up	99600			\$ 64.53	15 Min	7/1/2022
DOH	Maternal Health	Healthy Families America & Nurse-Family Partnership ¹	Parents as Teachers Post-Natal Follow-Up	99600	U3 U4		\$ 46.88	15 Min	7/1/2022
DOH	Maternal Health	Healthy Families America & Nurse-Family Partnership ¹	Parents as Teachers Prenatal Follow-Up	99600	U3		\$ 46.88	15 Min	7/1/2022
EOHHS	Rehabilitative	Rehabilitation Programs	Out-of-State Placements	H2001			Paid as Billed		
OHA	Aging Service Programs	At Home Supports Case Management ¹	Assistance in Accessing Long-Term Services and Supports which includes Intake, Assessment, Care-Planning and Monitoring	T1017			\$ 15.00	15 Min	7/1/2009
OHA	Aging Service Programs	At Home Supports ¹	Home Care	S5125			\$ 6.63	15 Min	7/1/2022
OHA	Aging Service Programs	At Home Supports ¹	Home Care	S5125	U1		\$ 6.41	15 Min	7/1/2022
OHA	Aging Service Programs	At Home Supports ¹	Adult Day Care	S5102			\$ 78.00	Per Diem	8/2/2021

Notes

1. These services listed are paid at the Medicaid rate.
2. First Connections is currently being paid at an enhanced rate that is subject to legislative appropriations.
3. Information is being gathered for OHA non-Medicaid services, lead poisoning prevention, and tobacco cessation hotline. These services and rates will be included when available.

Appendix 3: Mapping of Provider Code to Service Category

State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 3
Mapping of Provider Code to Service Category

Major Service Category	Detailed Service Category	Billing Provider Code	Billing Provider Code Description
Behavioral Health Providers	BHDDH Behavioral Health Group	066	BHDDH Behavioral Health Group
Behavioral Health Providers	CMHC - ACT	061	CMHC/Rehab Option
Behavioral Health Providers	CMHC - IHH	061	CMHC/Rehab Option
Behavioral Health Providers	CMHC - MHPRR	061	CMHC/Rehab Option
Behavioral Health Providers	CMHC - Other	061	CMHC/Rehab Option
Behavioral Health Providers	Children's Behavioral Health Group	047	Children's Behavioral Health Group
Behavioral Health Providers	Emergency Behavioral Health Service	111	Emergency Behavioral Health Service
Behavioral Health Providers	Licensed Therapist	017	Licensed Therapist
Behavioral Health Providers	Other Therapies	073	Other Therapies/Hippotherapy
Behavioral Health Providers	Peer Recovery Services	109	Peer Recovery Services
Behavioral Health Providers	Psychologist	030	Psychologist
Behavioral Health Providers	Substance Use Rehabilitation	060	Substance Use Rehab
Children's Services	CEDARR	082	CEDARR Center
Children's Services	DCYF	067	Department of Children Youth and Families
Children's Services	Early Intervention	059	Early Intervention
Children's Services	Home/Center-Based Therapeutic Services	080	Home/Center Based Therapeutic Services
HCBS	Adult Day Care	050	Adult Day Care
HCBS	Assisted Living Facility	033	Assisted Living Facility
HCBS	Case Management	044	Case Management
HCBS	Day Habilitation	055	Day Habilitation
HCBS	Home Care	072	Personal Care Aide/Assistant
HCBS	Home Health	010	Skilled Nursing
HCBS	Home Meal Delivery	077	Home Meal Delivery
HCBS	Independent Provider	116	Independent Provider
HCBS	Personal Choice/Hab Case Management	069	Personal Choice/Hab Case Management
HCBS	Self-Directed Community Services	071	Self Directed Community Services
HCBS	Shared Living Agency	051	Shared Living Agency
HCBS	Waiver Case Manager - Other	057	Waiver Case Manager - Other
Intellectual and Developmental Disability Services	Adult Day Care	050	Adult Day Care
Intellectual and Developmental Disability Services	BHDDH - Case Management	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Day Program	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Employment Based	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Ind. Living Only	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Independent Living or Family Supports	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Other	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Prevocational Training	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Residential Habilitation	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Self-Directed Services	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	BHDDH - Transportation	088	BHDDH DD Agencies
Intellectual and Developmental Disability Services	Home Care	072	Personal Care Aide/Assistant
Intellectual and Developmental Disability Services	RICLAS	026	RICLAS
Intellectual and Developmental Disability Services	Severely Disabled Nursing Homecare	065	Severely Disabled Nursing Homecare
Intellectual and Developmental Disability Services	Tavares	022	Rhode Island State Nursing Home

Notes

1. BHDDH claims assigned by provider code 088 and CMHC claims assigned by provider code 061 are further subdivided by the HCPCS associated with the claim.



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