

# Advisory Council Meeting

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June 21, 2023

**RHODE  
ISLAND**

# Agenda

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- Project Background & Review of Phases
- Finance Report Updates
- Programmatic Report Updates
- Discussion

# Project Background & Review of Phases

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# Project Background

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- **Mandate:** The Office of the Health Insurance Commissioner (OHIC) has been charged with conducting a comprehensive review of all "social and human service programs" having a contract with or licensed by the state as required by State of Rhode Island General Laws (RIGL) 42-14.5-3(t).
- **Scope of work:**
  - Programs: 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
- **Ten tasks/deliverables:** Analysis, reports, and studies to be published in two phases
  - Phase 1 concluding by the end of May 2023
  - Phase 2 concluding September 1, 2023
- **Out of scope:**
  - Medicaid hospital rates
  - Medicaid nursing facility rates

# Key Deliverables

## Finance

**Task 1:** Social and human service program rates

**Task 3:** Utilization trends from 1/1/17 to 12/31/21

**Task 8:** National and regional Medicaid rates in comparison to Rhode Island social and human service provider rates

**Task 9:** Usual and customary rates paid by private pay for similar social and human service providers

## Programmatic

**Task 2:** Eligibility standards and processes of social and human service programs

**Task 4:** Structure of state government as it relates to the provision of services by social and human service providers including eligibility and functions of the provider network

**Task 5:** Accountability standards for services for all social and human service programs

**Task 6:** Professional licensed and unlicensed personnel requirements for established rates for social and human service programs pursuant to a contract or established fee

**Task 7:** Access to social and human service programs, to include waitlists and length of time on waitlists in each service

**Task 10:** Assessment and review process that results in recommended rate adjustments

# Project Timeline

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<b>Project Management &amp; Key Dates</b>								
<b>Task 0:</b> Kickoff Meeting, determination of services, and ongoing project management								
<b>Finance Workstream</b>								
<b>Key informant interviews</b>								
<b>Task 1:</b> Social and human service program rates		Phase 1	Phase 2					
<b>Task 3:</b> Utilization trends 1/1/17 - 12/31/21		Phase 1			Phase 2			
<b>Task 8:</b> National and regional Medicaid rates in comparison to Rhode Island social and human service provider rates		Phase 1			Phase 2			
<b>Task 9:</b> Usual and customary rates paid by private insurers and private pay for similar social and human service providers		Phase 1			Phase 2			
<b>Programmatic Workstream</b>								
<b>Key informant interviews</b>								
<b>Task 2:</b> Eligibility standards and processes of social and human service programs		Phase 1			Phase 2			
<b>Task 4:</b> Structure of state government as it relates to the provision of services by social and human service providers including eligibility and functions of the provider network		Phase 1			Phase 2			
<b>Task 5:</b> Accountability standards for services for all social and human service programs		Phase 1			Phase 2			
<b>Task 6:</b> Professional licensed and unlicensed personnel requirements for established rates for social and human service programs pursuant to a contract or established fee schedule		Phase 1			Phase 2			
<b>Task 7:</b> Access to social and human service programs, to include wait lists and length of time on wait lists in each service category		Phase 1			Phase 2			
<b>Assessment and Review</b>								
<b>Task 10:</b> Assessment and review process that is completed on a biennial basis								
<b>Public Meeting Support</b>								
Public Meeting Support								

# Finance Reports Updates

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# Task 1

## Social and human service program rates

- **Phase One** report was completed on March 31, 2023, and establishes the in-scope services of the rate review.
- **Phase Two** report will include updates based on stakeholder feedback and add information on certain services currently being gathered from state agencies.
- Services in-scope represent approximately \$531.4 million in Medicaid fee-for-service (FFS) expenditures and approximately \$227.2 million in Medicaid managed care expenditures in State Fiscal Year (SFY) 2022.
- Analysis includes review and aggregation of multiple data sources and forms of stakeholder feedback.

### Primary Data Sources

- Medicaid fee schedule
- State agency survey
- Advisory Council provider survey

### Stakeholder Discussion

- Advisory Council meetings
- Advisory Council member interviews
- Interagency Workgroup

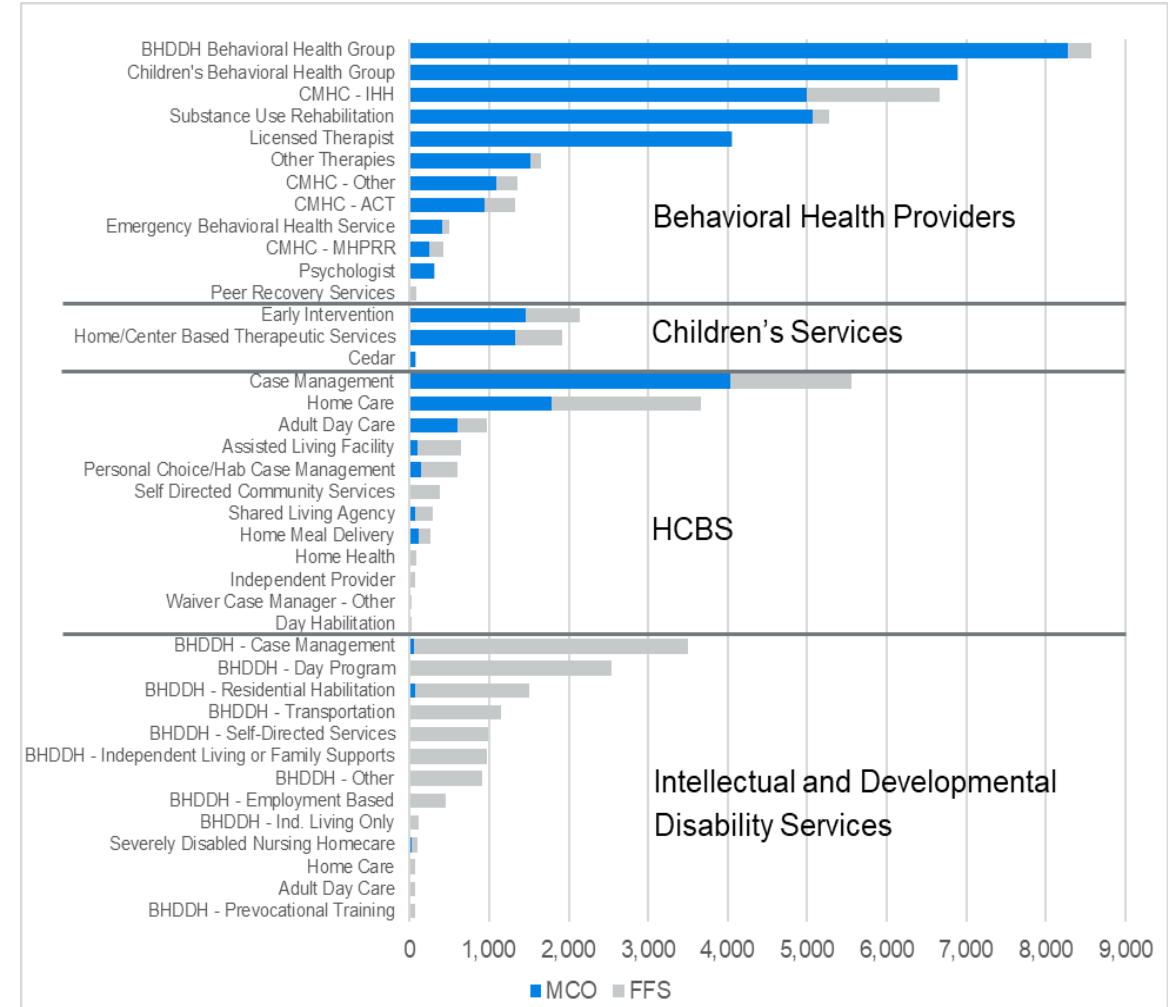


# Task 3

## Utilization trends from 1/1/17 to 12/31/21

- **Phase One** report contains average unique monthly utilizer and expenditure metrics for in-scope services on the Medicaid fee schedule.
  - The report provides the metrics at the major service category level, service category detail, and procedure code / modifier level.
  - Values are reported separately for the FFS and managed care organization (MCO) delivery systems.
- **Phase Two** report will contain utilization metrics for non-Medicaid services that are reasonably available from state agencies and may relax data redaction methodology.
- Data compiled may inform departmental budget estimates from recommended rate adjustments.

SFY 2022 AVERAGE UNIQUE MONTHLY UTILIZERS BY SERVICE CATEGORY



**Notes:**  
 1. Self-directed services provided by the MCOs are not submitted as encounters and therefore MCO utilizers are not represented in the figure.  
 2. See report for full methodology notes and analysis limitations.

# Task 8

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## National and regional Medicaid rate benchmarks

- **Phase One** report compares select Rhode Island rates for social and human services to rates of other **New England states**:
  - Evaluates **Home Care and Substance Use Disorder treatment** codes and available modifiers and enhancements for comparison. These services represent approximately 10% of Medicaid behavioral health expenditures, 65% of home and community-based service expenditures, and 5% of intellectual and developmental disability services expenditures (FFS+MCO).
  - Identified **numerous variances in the use of modifiers, rate enhancements, and billing units** which limited available comparisons.
  - Applies **calculated adjustments** where necessary to attempt to control for variances in rates across states for billed units, provider credentials, and covered services/codes.
- **Phase Two** report expands the scope of services being evaluated.

# Task 8

## Medicaid rate benchmarks

CODE	DESCRIPTION	RI RATES	COMPARATOR RATES					PERCENTAGE VARIANCE (RHODE ISLAND / COMPARATOR)				
		RI	CT	ME	MA	NH	VT	CT	ME	MA	NH	VT
<b>Home Care Services</b>												
<b>S5125 Composite</b>	Attendant Care Services	\$6.96	\$5.80	\$6.64	N/A	N/A	\$8.75	20.0%	4.8%	N/A	N/A	(20.5%)
<b>S5130 Composite</b>	Homemaker Services	\$6.56	\$5.00	N/A	\$6.93	N/A	N/A	31.2%	N/A	(5.3%)	N/A	N/A
<b>T1001</b>	Nursing Assess/Eval	\$103.84	\$98.53	N/A	N/A	N/A	N/A	5.4%	N/A	N/A	N/A	N/A
<b>T1000</b>	Private Duty/Independent Nursing	\$14.35	\$24.63	\$15.61	\$14.65	\$14.96	\$11.76	(41.7%)	(8.1%)	(2.0%)	(4.1%)	22.0%
<b>T1000-TE</b>	Private Duty/Independent Nursing (LPN)	\$11.62	\$24.08	\$11.07	\$12.20	\$13.76	\$10.00	(51.7%)	5.0%	(4.8%)	(15.6%)	16.2%
<b>Substance Use Disorder Services</b>												
<b>H0001</b>	Alcohol and/or drug assessment	\$97.00	N/A	N/A	\$115.76	\$169.94	N/A	N/A	N/A	(16.2%)	(42.9%)	N/A
<b>H0004-HO</b>	SUD counseling/therapy – Masters credentialed	\$16.25	N/A	\$25.73	N/A	N/A	N/A	N/A	(36.8%)	N/A	N/A	N/A
<b>H0004-HQ-HO</b>	SUD counseling/therapy – Group	\$5.00	N/A	\$8.41	N/A	N/A	N/A	N/A	(40.5%)	N/A	N/A	N/A
<b>H0004 Composite</b>	SUD counseling/therapy	\$17.54	N/A	N/A	\$28.94	\$33.76	\$29.16	N/A	N/A	(39.4%)	(48.0%)	(39.8%)
<b>H0005</b>	Group counseling	\$32.30	N/A	N/A	\$34.72	\$28.26	N/A	N/A	N/A	(7.0%)	14.3%	N/A
<b>H0020</b>	Methadone admin/service	\$84.98	\$88.52	\$171.30	N/A	N/A	\$105.00	(4.0%)	(50.4%)	N/A	N/A	(19.1%)

- Identified a high level of variability among the New England states in how services are reimbursed among the observed set of home care and substance use disorder services.
- Home care services had comparator rates above and below the Rhode Island reimbursement for most services.
- Rhode Island substance use service reimbursement was below comparator rates in most cases.
  - Substance use services will be updated to include BHDDH service codes in Phase Two.

# Task 9

## Private pay rate benchmarks

- **Phase One** report compares Medicaid fee-for-service rate to:
  - Provider billed amounts to commercial insurers
  - Commercially negotiated allowed rates
  - Rhode Island Medicaid MCO rates
  - Medicare benchmarks
- The unique nature of the services examined by this report results in limited commercial and Medicare benchmarks.
- **Phase Two** report will provide any updates identified from Phase One report feedback.

### PERCENTAGE OF SFY 2022 FFS & MEDICAID MCO EXPENDITURES BENCHMARKED

SERVICE CATEGORY	SFY 2022 TOTAL EXPENDITURES	PERCENTAGE BENCHMARKED		
		COMMERCIAL	MEDICARE	MEDICAID MCO
<b>Behavioral Health Providers</b>				
BHDDH Behavioral Health Group	\$ 10,935,463	97.8%	96.1%	98.1%
CMHC - ACT	19,670,583	0.0%	0.0%	0.0%
CMHC - IHH	33,306,593	0.0%	0.0%	0.0%
CMHC - MHPRR	17,287,501	0.0%	0.0%	0.0%
CMHC - Other	12,794,875	0.0%	0.0%	0.0%
Children's Behavioral Health Group	24,285,921	20.4%	100.0%	99.9%
Emergency Behavioral Health Service	2,451,066	0.0%	0.0%	0.0%
Licensed Therapist	5,715,741	100.0%	100.0%	100.0%
Other Therapies	2,700,153	76.1%	71.2%	88.3%
Peer Recovery Services	117,863	0.0%	0.0%	0.0%
Psychologist	682,777	97.5%	99.7%	90.5%
Substance Use Rehabilitation	18,614,501	12.7%	3.6%	14.1%
<b>Total</b>	<b>\$ 148,563,037</b>	<b>17.8%</b>	<b>29.5%</b>	<b>31.2%</b>
<b>Children's Services</b>				
CEDAR	\$ 413,458	0.0%	0.0%	96.7%
Early Intervention	8,382,118	33.0%	0.0%	98.8%
Home-/Center-Based Therapeutic Services	33,448,632	25.7%	0.0%	84.6%
<b>Total</b>	<b>\$ 42,244,208</b>	<b>27.3%</b>	<b>0.0%</b>	<b>88.2%</b>

#### Notes

1. SFY 2022 FFS expenditures represent SFY 2022 billed units multiplied by the current FFS rate illustrated in Appendix 1. The illustrated amount will vary from actual paid SFY 2022 expenditures due to fee schedule changes, third party payers, and other payment adjustments.

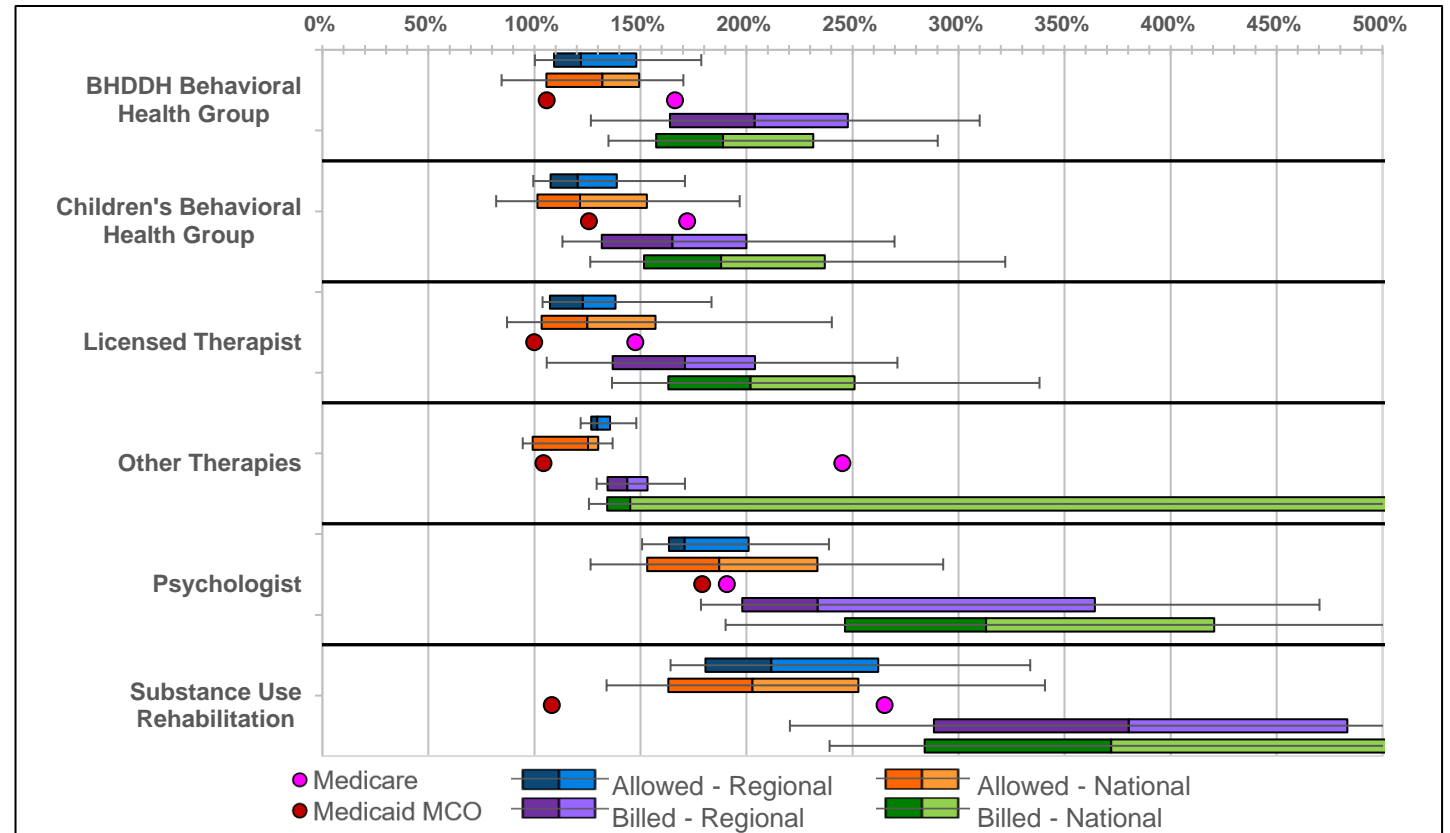
2. See report for full methodology notes and analysis limitations.

# Task 9

## Private pay rate benchmarks

- All BH services have median regional and national commercial allowed amounts and provider billed charges above the Medicaid FFS rates.
- Medicare reimburses at approximately 150% to 250% of the Medicaid FFS rate.
- Medicaid MCO reimbursement is approximately 100% to 125% of the Medicaid FFS rate for behavioral health services.
- Benchmarks exceed the Medicaid rate by the largest percentage for Substance Use Rehabilitation services.

BEHAVIORAL HEALTH PROVIDERS BENCHMARKS AS A PERCENTAGE OF MEDICAID FFS



Notes

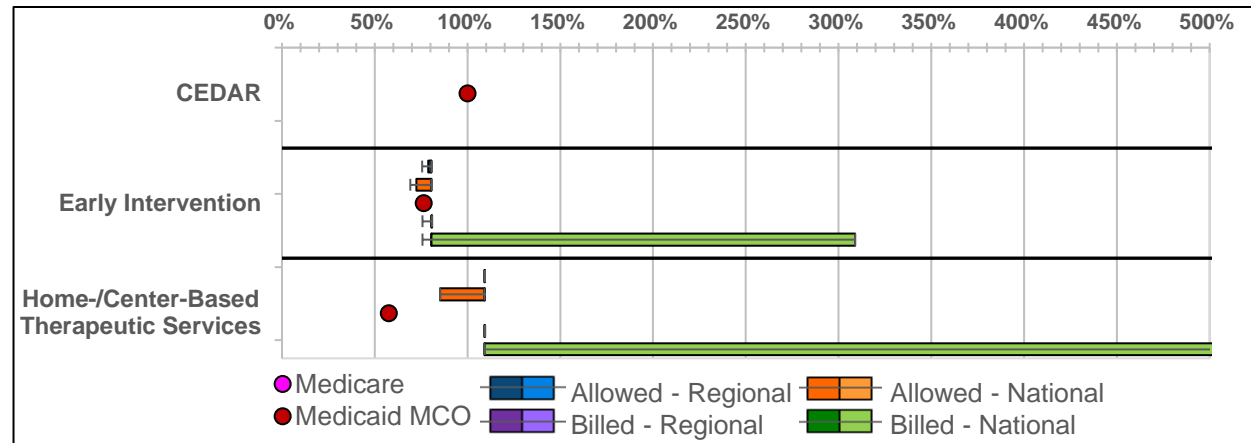
1. The Medicaid FFS rates are effective as of February 28, 2023, and the time period represented by the benchmarks is prior to this date. Medicare reimbursement rates represent CY 2022 Medicare fee schedules. The Medicare reimbursement rates are matched at the code level since none of the Rhode Island FFS modifiers are present on the 2022 Medicare fee schedule.
2. See report for full methodology notes and analysis limitations.

# Task 9

## Private pay rate benchmarks

- Regional / national commercial allowed charges and Medicaid MCOs reimburse early intervention services at a relatively consistent rate in the benchmarked time periods. Billed charges for these services varies materially.
- Medicare benchmarks are not available for children services.
- Medicaid FFS rates for early intervention and Home-Based Therapeutic Services were increased July 1, 2022. Medicaid MCOs are required to pay at or above Medicaid FFS rates and have adjusted their fee schedules since the SFY 22 data used in this analysis.

CHILDREN'S SERVICES BENCHMARKS AS A PERCENTAGE OF MEDICAID FFS



Notes

1. The Medicaid FFS rates are effective as of February 28, 2023, and the time period represented by the benchmarks is prior to this date. Medicare reimbursement rates represent CY 2022 Medicare fee schedules. The Medicare reimbursement rates are matched at the code level since none of the Rhode Island FFS modifiers are present on the 2022 Medicare fee schedule.
2. See report for full methodology notes and analysis limitations.

# Services for IRM Modeling – Home Care

Code	Service	Modifier Description
S5125	Attendant Care Services	
S5125-U1	Combined Attendant Care Services and Homemaker Services	Shift differential, Credentials, and Acuity Modifiers will be evaluated.
S5130	Homemaker Service	
T1001	Nursing Assessment/Evaluation	
T1000	Private Duty/Independent Nursing Service	
T1000-TE	Nursing Services/Evaluation	LPN

# Services for IRM Modeling – Behavioral Health

Code	Service	Modifier Description
90832	Psychotherapy, 30 minutes with patient and/or family member	
90834	Psychotherapy, 45 minutes with patient and/or family member	
90837	Psychotherapy, office/outpatient facility, 60 minutes face to face with the patient	
90846	Family psychotherapy (without patient present)	
90847	Family psychotherapy (with patient present)	
90853	Group psychotherapy (other than of a multiple family group)	
90792	Psychiatric diagnostic interview examination including history, mental status, or disposition	



# Services for IRM Modeling – Substance Use Disorder

Code	Service	Modifier Description
H0005	Alcohol and/or drug services; group counseling by a clinician	
H0020	Alcohol and/or drug services; methadone administration and/or service (1 unit per week)	
90791-HO	Psychiatric Diagnostic Evaluation	Master's Cert
90832-HO	Psychotherapy, 30 Minutes	Master's Cert
90834-HO	Psychotherapy, 45 Minutes	Master's Cert
90837-HO	Psychotherapy, 60 Minutes	Master's Cert
90846-HO	Family Psychotherapy (Without Patient), 50 Minutes	Master's Cert
90847-HO	Family Psychotherapy (With Patient), 50 Minutes	Master's Cert
90853-HO	Group Psychotherapy	Master's Cert
H0001	Alcohol and/or drug assessment, 60-90 minutes	
H0004	Behavioral health counseling and therapy, per 15 minutes	
H0004-HO	Behavioral health counseling and therapy, per 15 minutes	Masters Cert
H0004-HO-HQ	Group behavioral health counseling and therapy, per 15 minutes	Masters/Group
H0004-AJ	Behavioral health counseling and therapy, per 15 minutes	Clinical Social Worker
H0004-HQ	Behavioral health counseling and therapy, per 15 minutes	Group
N/A	SUD Residential Services*	

\* We will be adding SUD Residential Services. Benchmark rate will be evaluated by ASAM level.

# Services for IRM Modeling-Early Intervention

Code	Service	Modifier Description
H2000	Comprehensive multidisciplinary evaluation	
T1016	Case management, each 15 minutes	
T1016-TF	Case management, each 15 minutes	Intermediate Level of Care
T1024	Team evaluation & management per encounter	
T1024-AE	Team evaluation & management per encounter	Registered Dietician
T1024-AJ	Team evaluation & management per encounter	Clinical Social Worker
T1024-GN	Team evaluation & management per encounter	Speech Language
T1024-GO	Team evaluation & management per encounter	Occupational Therapist
T1024-GP	Team evaluation & management per encounter	Physical Therapist
T1024-HN	Team evaluation & management per encounter	Bachelors prepared
T1024-TD	Team evaluation & management per encounter	Registered Nurse
T1024-TG	Team evaluation & management per encounter	Complex/High Tech
T1024-TG-HO	Team evaluation & management per encounter	Complex/High Tech/Masters
T1027	Family training and counseling for child development, per 15 minutes	
T1027-AE	Family training and counseling for child development, per 15 minutes	Registered Dietician
T1027-AJ	Family training and counseling for child development, per 15 minutes	Clinical Social Worker
T1027-GN	Family training and counseling for child development, per 15 minutes	Speech Language
T1027-GO	Family training and counseling for child development, per 15 minutes	Occupational Therapist
T1027-GP	Family training and counseling for child development, per 15 minutes	Physical Therapist
T1027-HN	Family training and counseling for child development, per 15 minutes	Bachelors prepared
T1027-TD	Family training and counseling for child development, per 15 minutes	Registered Nurse
T1027-TG	Family training and counseling for child development, per 15 minutes	Complex/High Tech
T1027-TG-HO	Family training and counseling for child development, per 15 minutes	Complex/High Tech/Masters
99502	First Connections - Prevention program	
99502-AJ	First Connections - Prevention program	Clinical Social Worker
99502-TD	First Connections - Prevention program	Registered Nurse

# Programmatic Reports Updates

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# Task 2

## Eligibility standards and processes of social and human service programs

**Phase One** provides a comprehensive overview on the breadth of social and human services offered in Rhode Island with information on the eligibility criteria, services, and level of needs assessment/application processes.

Programs that do not follow traditional application and eligibility determination process (like child welfare) were also reviewed.

Summaries for **55 different programs and services areas were completed**, including detailed information on Medicaid eligibility standards and application process with the **disability determination process and level of care determinations for HCBS services**.

**Phase Two** will focus on eligibility and process under **Medicaid** and **DCYF**

### Medicaid/CHIP Eligibility & Process

- Reporting on data points: eligibility criteria, match rates for different categories, percent enrolled in managed care, application process and timeliness, spend per member, program administrative costs
- Comparison to regional states/national picture
- Assessment/evaluation

### DCYF Eligibility & Process

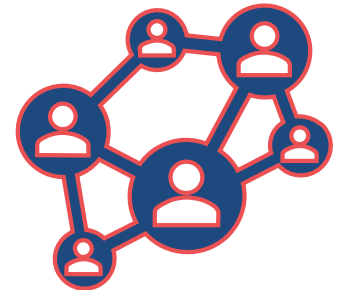
- Eligibility criteria for prevention services/foster care/residential care
- Eligibility for IV-E funding versus Medicaid in different service streams
- Comparison to regional states/national picture
- Assessment/evaluation

# Task 4

## Structure of state government as it relates to the provision of services by social and human service providers including eligibility and functions of the provider network

**Phase One** is an educational report to provide a summary of the structure of state government and how it relates to providers of services.

- Descriptions of **state program relationship to providers**.
  - Who are eligible providers/How do providers enroll as providers?
  - List any licensure or certification that is done by the department for any provider types.
  - Any additional oversight activities of providers, such as required reports, site visits, or audits will be reported.
  - If they are directly paid by the department, how payments are made.
- Description of the **Medicaid managed care contracting process**.
  - What is included in the contract/How do states oversee managed care organizations?
- **Phase Two** will focus on **department staffing structure** and **DCYF procurement process**
- Department staffing for EOHHS, DHS, DOH, DCYF, BHDDH
  - Number of full-time staff/contract staff
  - Administrative work that is contracted out
  - What staff oversee contract procurement
- DCYF procurement process
  - Structure of procurement process
  - Contract details: length of contract/total dollars
  - What staff oversee contract procurement



# Task 5

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## Accountability standards for services for all social and human service programs

**Phase One** provides an inventory of known points of accountability for social and human services programs.

- Program summaries include:
  - State agency and department responsible for oversight, federal oversight body, federal reporting requirements, external state oversight (non-agency), and state required reporting.

**Phase Two** will provide **assessment and evaluation** on accountability standards for EOHHS MCO contracts and DCYF provider contracts.

- Assessment and evaluation will explore the following type of topics:
  - Scope of performance metrics in contracts
  - Value-based purchasing arrangements
  - Provider access standards
  - Consequences for failure to meet performance metrics
  - Discussion of current findings in required reporting

# Task 6

## Professional licensed and unlicensed personnel requirements for established rates for social and human service programs pursuant to a contract or established fee

- **Phase One** provided insight and research into the credentialing and oversight requirements which will inform current and future phases of finance rate analysis.
  - Focus was on **Home Health Services** and **Substance Use Disorder** treatment services.
    - **Substance Use Disorder Treatment services**
      - Substance abuse counseling and therapy (H0004).
      - Alcohol and/or drug services; group counseling by a clinician (H0005).
      - Alcohol and/or drug services; methadone administration and/or service (1 unit per week) (H0020).
      - Alcohol and/or drug assessment, 60-90 minutes (H0001).
    - **Home Health**
      - Attendant care services; per 15 minutes (S5125).
      - Homemaker service, not otherwise specified (nos); per 15 minutes (S5130).
      - Nursing Assessment / Evaluation (T1001).
      - Private duty / independent nursing service(s) - licensed, up to 15 minutes (T1000).
- **Phase Two** will provide insight and research into an expanded set of services.
  - Build on Phase One to provide initial research into the development of the Independent Rate Modeling framework.



# Task 7

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## Access to social and human service programs, to include waitlists and length of time on waitlists in each service

**Phase One** provides a brief **overview of the formal waitlists** (defined as a list overseen by the state) and lists the **inventory of services** that have been anecdotally identified by advocates and the Social and Human Service Programs Review Advisory Council as experiencing access issues.

- Includes a **detailed methodology** on how access will be assessed in Phase Two. Research activities will include stakeholder interviews and both **qualitative** and **quantitative** review.

**Phase Two** will assess access to identified Child and Adolescent Behavioral Health, Adult Behavioral Health, Home Care and HCBS, NEMT, and TBI day services.

- **Quantitative research** will include utilizing data sources identified in other tasks of this project, identifying best practices and benchmarks as applicable, and **conducting analysis of available data** for waitlists, utilization trends, and relevant existing reports. In reviewing formal waitlists, we will evaluate how each waitlist is managed and **identify any process opportunities** that may improve wait times.
- **Qualitative research** will include conducting **interviews with stakeholders and subject matter experts (SMEs)** to collect their feedback regarding the seven dimensions of access for the four service categories of focus. We will partner with OHIC and the Social and Human Services Program Review Advisory Council to identify and confirm the appropriate stakeholders and SMEs are included.



# Discussion



**Thank you!**

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