Social and human service programs review: Independent rate model development

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 review is required by State of Rhode Island General Laws (RIGL) § 42-14.5-3(t). This statute requires nine assessments covering various rate and programmatic elements of the social and human service programs, with a 10th assessment being a culmination of the prior nine assessments and including 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. As a whole, this series of reports may be used as one set of resources to provide education and insight into current Rhode Island social and human service programs' provider reimbursement and programmatic structure.

In addition to the statutorily required assessments, OHIC requested Milliman develop comparative provider reimbursement rates using an independent rate model (IRM) framework to inform OHIC's rate recommendations. The IRM methodology develops reimbursement rates based upon a ground-up approach modeling the expenses expected to be incurred from delivering the service. Expense categories include clinical staff and supervisor salary and wages, employee related expenses, transportation and fleet vehicle expenses, and administration, program support, and overhead. The IRM framework reflects certain assumptions regarding the delivery of services and provider operational structure in each of these categories. These assumptions are used to develop the estimated expenses and are based on publicly available benchmark information, industry norms, and information received from stakeholders.

The reimbursement rates developed from the IRM framework, referred to within this report as "comparison rates", will be one of several data points that OHIC considers in its final rate recommendations provided under the 10th assessment report. The remainder of this report illustrates the results of the analysis and describes the methodology and assumptions used in the development of comparison rates.

Executive Summary

The information contained in this report documents the methodology, assumptions, and resulting comparison rates for selected social and human service programs using an IRM approach. Services were selected based on certain quantitative metrics, stakeholder discussions, and in consultation with OHIC. All references to "rates" in this report refer to provider reimbursement rates.

Figure 1 contains a summary of IRM comparison rates and fee-for-service (FFS) rates across selected service groupings. Appendix 1 illustrates the procedure code and modifier-level comparison rates and FFS rates that are the basis of the composite values illustrated in Figure 1. Composite values are developed using state fiscal year (SFY) 2022 Medicaid FFS expenditures. Please note that the comparison rates are based on assumptions trended to January 1, 2025, the midpoint of SFY 2025. The current FFS rates reflect the rate effective as of July 1, 2023 (the start of SFY 2024).

FIGURE 1: COMPARISON RATE RELAT	VE TO FFS RATE			
PROCEDURE CODE GROUPING	INCLUDED PROCEDURE CODES	IRM COMPOSITE COMPARISON RATE	COMPOSITE CURRENT FFS RATE	PERCENT DIFFERENCE
Behavioral Health Service Codes				
Psychiatric Evaluation	90791; 90792	\$ 166.66	\$ 153.07	8.9%
Psychotherapy	90832; 90834; 90837; 90846; 90847	74.38	63.88	16.4%
Group Psychotherapy	90853	35.05	32.68	7.3%
Psychiatric Office Visit	99211 - 99215	40.88	39.19	4.3%
Integrated Health Home	H0037	18.95	13.82	37.1%
Assertive Community Treatment	H0040	51.39	41.65	23.4%
Early Intervention Service Codes				
Early Intervention Assessment	H2000	\$ 1,031.06	\$ 1,064.36	(3.1%)
Early Intervention Service Coordination	T1016	41.14	36.29	13.3%
Early Intervention Family Training, Education, and Support	T1024; T1027	49.71	42.28	17.6%
Home Care Services				
Personal Care and Homemaker Services	S5125; S5130	\$ 10.76	\$ 6.80	58.1%
Home Care Nursing Evaluation	T1001	185.33	106.21	74.5%
Private Duty Nursing	T1000	18.88	13.30	41.9%
Substance Use Disorder Services				
Methadone Bundle	H0020	\$ 137.97	\$ 84.98	62.4%
Integrated Health Home (OTP)	H0037 (OTP)	13.07	7.64	71.1%

Notes:

(1) Composites were calculated based on SFY 2022 FFS utilization (for applicable programs) for the procedure codes and modifiers outlined in this report.

(2) The comparison rates are based on assumptions trended to January 1, 2025, the midpoint of SFY 2025. The FFS rates reflect the rate effective as of July 1, 2023 (the start of SFY 2024).

This report includes appendices which provide information related to IRM inputs, assumptions, and results. The following appendices are included in this report.

Appendix 1: Appendix 1 is divided into three parts: Appendix 1a, Appendix 1b, and Appendix 1c.

Appendix 1a Rate Summary – Appendix 1a provides a summary of all service codes, descriptions of those codes, reporting units, salary and wage data for each service code, the resulting IRM comparison rate, and a description of the difference from the current rate to the comparison rate.

Appendix 1b Blended Rates – Appendix 1b provides detailed information related to the salary and wage inputs and assumptions which were blended to provide an adjusted unit cost for service codes H2000 (Early Intervention Child Evaluation), T1016 (Early Intervention Service Coordination), T1024 (Early Intervention Level II Team E&M) and T1027 (Family Training and Counseling).

Appendix 1c Methadone Bundle – Appendix 1c details the components included in the H0020 bundled rate for services related to and including Methadone Administration.

Appendix 2: Detailed Inputs and Assumptions – Appendix 2 details the time assumptions and inputs for each service code related to direct and indirect time and overhead by practitioner type. This appendix also includes assumptions of supervisory time, wage, and eligibility for insurance and retirement.

Appendix 3: Provider Groupings and Wages – Appendix 3 details information related to the Bureau of Labor Statistics (BLS) job titles and how those titles were matched to applicable provider credentials and wage percentiles. Composite wages are provided for each provider grouping based upon weighted BLS wage inputs.

Appendix 4: Paid Time Off Adjustment Development – Appendix 4 details the paid time off, training, turnover, and conference time assumed for each provider grouping. This appendix also includes a separate table of assumptions for Early Intervention provider groupings.

Appendix 5: Employee Related Expense Summary – Appendix 5 details the Employee Related Expense (ERE) assumptions used as a baseline for inputs into IRMs. ERE includes Medicare Taxes, Workers Compensation expenses, Retirement expenses, Social Security Tax, Federal Unemployment Tax Act (FUTA), State Unemployment Insurance (SUI), and health insurance expenses. These assumptions are a baseline and were adjusted for specific services.

Appendix 6: Detailed IRM Exhibits – Appendix 6 is divided into four parts. Appendix 6a Behavioral Health, Appendix 6b Substance Use Disorder, Appendix 6c Early Intervention, and Appendix 6d Home Care. Each appendix includes the detailed IRM model inputs and outputs for each of the in-scope service codes evaluated. Each IRM provides line-by-line detail and notes of specific assumptions made to develop the comparison rates.

Description of Services

In this report, we developed comparison rates for certain services related to behavioral health, early intervention, home care, and substance use disorder services.

SELECTION OF SERVICES FOR EVALUATION

As part of the comprehensive review of social and human service program rates, certain services and tasks were prioritized to be included in this report. The approach to prioritization was informed by quantitative and qualitative considerations, which are described below. Taking these considerations into account, we worked with OHIC to select services for evaluation within this report.

Quantitative Considerations

- Utilization. We considered the utilization of services. In general, we prioritized services with higher utilization for review.
- Date of Last Rate Update. We evaluated the date service rates were last changed. In some cases, if a service has not had a rate change for a significant period of time, the service was prioritized.
- **Enrollment.** Where available, we identified the number of members receiving services as a proxy for social and human service program impact. Where enrollment is higher, the service was prioritized for evaluation.
- Data Availability. Some services have greater variation in rates and rate structures which adds complexity to the analysis. We considered the availability of data and complexity of the rate structure when prioritizing services. If a service was especially complex and/or required extensive stakeholder feedback that could not be obtained in the given timeline for this effort, those services may not have been selected for this review.
- Qualitative Considerations
 - Stakeholder Feedback. We conducted multiple interviews, stakeholder meetings, and documentation review to gather an understanding of the priorities of the constituencies represented in this review.
 - Breadth of Services. We worked to evaluate a diverse set of services to ensure spread across the primary domains (Children's Services, Behavioral Health, Home and Community Based Services (HCBS), I/DD).

The procedure codes in Figure 2 have been identified for analysis based upon these qualitative and quantitative considerations.

	DESCRIPTION
Behavioral Healt	h Procedure Codes
90791	Psychiatric diagnostic interview examination including history, mental status, or disposition
90792	Psychiatric diagnostic interview examination including history, mental status, or disposition
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)
99211	Office or other outpatient visit for the evaluation and management of an established patient - 5 min
99212	Office or other outpatient visit for the evaluation and management of an established patient - 10 min
99213	Office or other outpatient visit for the evaluation and management of an established patient - 15 min
99214	Office or other outpatient visit for the evaluation and management of an established patient - 25 min
99215	Office or other outpatient visit for the evaluation and management of an established patient - 40 min
H0037	Integrated Health Home
H0040	Assertive Community Treatment
Early Interventio	n Procedure Codes
H2000	Comprehensive multidisciplinary evaluation
T1016	Case management, each 15 minutes
T1024	Team evaluation & management per encounter
T1027	Family training and counseling for child development, per 15 minutes
Home Care Proc	edure Codes
S5125	Personal care services; per 15 minutes
S5130	Homemaker service, not otherwise specified (nos); per 15 minutes
T1000	Private duty / independent nursing service(s) - licensed, up to 15 minutes
T1001	Nursing Assessment / Evaluation
Substance Use I	Disorder Procedure Codes
H0020	Alcohol and/or drug services; methadone administration and/or service (1 unit per week)

H0037 (OTP) Integrated Health Home: OTP

SUMMARY OF PERSONNEL REQUIREMENTS

Figure 3 summarizes the services, provider types, and reimbursement mechanisms for the selected procedure codes for behavioral health, early intervention, home care, and substance use disorder services.

PROCEDURE CODE	PROFESSIONAL TYPES	CREDENTIALING REQUIREMENTS ¹	UNITS OF REIMBURSEMEN	
Behavioral Health	1			
90791	Psychiatrists, clinical psychologists, licensed professional counselors, licensed clinical social workers, and licensed marriage and family therapists	Standard for Professional Type Licensure	Per examination	
90792	Psychiatrists, psychiatric nurse practitioners, and physician assistants	Standard for Professional Type Licensure	Per examination	
90832; 90834; 90837; 90846; 90847; 90853	Psychiatrists, psychologists, licensed social workers, licensed marriage and family therapists	Standard for Professional Type Licensure	30, 45, or 60-minu increments	
99211 - 99215	Psychiatrists and ancillary staff	Standard for Professional Type Licensure	5 - 40-minute increments	
H0037; H0040	Care managers, therapists, psychiatrists, registered nurses, addiction specialists, and other social services providers	Licensed by BHDDH	Per diem	
Early Interventior	1			
H2000	Audiologists, board certified behavior analysts, educators, early interventionists, marriage and family therapists, mental health counselors, physicians, psychiatrists, nurses, registered dieticians, occupational therapists, optometrists/ophthalmologists, physical therapists, psychologists, social workers, and speech language pathologists	Adhere to EOHHS' Rhode Island Early Intervention Certification Standards	Per evaluation	
T1016 No specified provider type, often nurses		Adhere to EOHHS' Rhode Island Early Intervention Certification Standards	15-minute increments	
T1024; T1027	Audiologists, board certified behavior analysts, educators, early interventionists, marriage and family therapists, mental health counselors, physicians, psychiatrists, nurses, registered dieticians, occupational therapists, optometrists/ophthalmologists, physical therapists, psychologists, social workers, and speech language pathologists	Adhere to EOHHS' Rhode Island Early Intervention Certification Standards	15-minute increments	
Home Care Servie	ces			
S5125	Home health aide, certified nursing assistant	Home Health Aide, Certified Nursing Assistant, or homemaker	15-minute increments	
S5130	Home health aide, certified nursing assistant, or homemaker	Home Health Aide, Certified Nursing Assistant, or homemaker	15-minute increments	
T1000	Registered nurse, licensed practical nurse	LPN and RN	15-minute increments	
T1001	Registered nurse	RN	Per assessment	
Substance Use D	isorder Treatment Services			
H0020	Licensed methadone providers	SAMHSA certified Opioid Treatment Program	One unit per week	
H0037 (OTP)	Team coordinator, physician, registered nurse, hospital liaison, care manager, and pharmacist	Varies – Team approach	Per diem	

FIGURE 3: SUMMARY OF SERVICES AND PROFESSIONAL REQUIREMENTS

Note: Credentialing requirements are based upon national standards

Note that the comparison rates for these services were developed with consideration for the applicable program. For example, the rate development for T1027 (Family training and counseling for child development, per 15 minutes) was developed to be applicable to the Early Intervention program. While other programs may submit claims under procedure code T1027, the T1027 comparison rates contained in this report and accompanying appendices may not be applicable for use outside of the Early Intervention program. See the footnotes of Appendix 1 for a list of applicable program indicators.

Appendix 1 documents the comparison rates for each service. The remainder of this report provides an overview of the methodology and assumptions used in developing the IRM for each service.

Overview of the Independent Rate Model Methodology

The IRM approach reflects the average expected costs a reasonably efficient provider would incur while delivering a service. One of the benefits of the IRM approach is providing transparency as to the expected reasonable and necessary costs¹ required to provide the service. Another benefit of this approach is that rates are developed independently from actual costs incurred, which facilitates an understanding of the resulting comparison rates under different assumptions. Rather than relying on actual costs incurred from a prior time period to determine what the rates should be, the IRM approach builds rates from the "ground up" and considers what the costs would be to provide the service based on a set of independently derived assumptions. To the extent actual costs incurred by service providers are affected by external factors, such as legislatively-mandated funding levels made available for services that are not consistent with factors that drive the market, the IRM approach provides a means to communicate what costs may reasonably be incurred so decision makers can more equitably allocate resources based on this information.

Figure 4 provides the key high-level components included in the IRM approach.

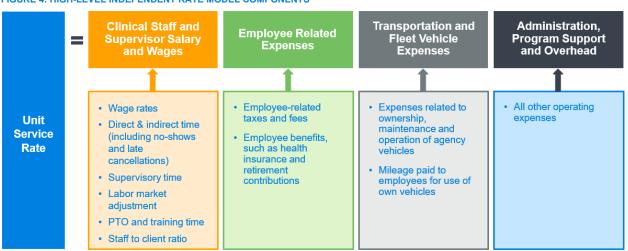


FIGURE 4: HIGH-LEVEL INDEPENDENT RATE MODEL COMPONENTS

The first two components shown in Figure 4 – Clinical Staff and Supervisor Salaries and Wages, and Employee Related Expenses (EREs) – comprise the largest portion of the expected costs built into the IRM for services included in this report. The IRM is able to account for differences in the salaries, wages, and the EREs attributable to the different types of clinical service staff and supervisors authorized to provide the services.

IRM DESCRIPTION

The IRM approach can be distinguished from other provider payment development methodologies in that it estimates what the costs for each service could be given the resources (salaries and other expenses) reasonably expected to be necessary, on average, while delivering the service. This approach relies on multiple independent data sources as well as input from subject matter experts to develop rate model assumptions to construct the comparison rates. By contrast, many cost-based methods rely primarily on the actual reported historical costs incurred while delivering services, which can be affected by operating or service delivery decisions made by providers. These operating or service delivery decisions may be inconsistent with program service delivery standards or influenced by potential program funding limitations that do not necessarily consider the average resource requirements associated with providing these services.

¹ Determinations of allowable costs must be consistent with 2 CFR § 200, and in principle, the term "reasonable" relates to the prudent and costconscious buyer concept that purchasers of services will seek to economize and minimize costs whenever possible. The term "necessary" relates to the necessity of the service. To be "necessary", it must be a required element for providing care to individuals as specified by the regulations governing the service (e.g., approved Medicaid State Plan).

The IRM methodology determines the costs related to the individual components shown below and summing the component amounts to derive a comparison rate for each service. Figure 5 provides an overview of the key components and elements of the IRM approach.

COMPONENT	ELEMENTS	SUB-ELEMENTS	CLARIFYING NOTES
		Direct time	Corresponding time unit, or staffing requirement assumptions where not defined Adjusted for staffing ratios for some services (i.e., more than one person served concurrently, e.g., in group counseling sessions or for residential services)
Clinical Staff and	Service-related	Indirect time	Service-necessary planning, note taking and preparation time
Supervisor Salaries and	Time	Transportation time	Travel time related to providing service
Wages		PTO/training/ conference time	Paid vacation, holiday, sick, training and conference time Also considers additional training time attributable to employee turnover
		Supervisor time	Accounted for using a span of control variable
	Wage Rates	Can vary for overtime and weekend shift differentials	Wage rates vary depending on types of direct service employees, which have been assigned to provider groups
Employee Related Expenses	Payroll-related Taxes and Fees	Federal Insurance Contributions Act (FICA), Federal Unemployment Tax Act (FUTA), State Unemployment Insurance (SUI), Workers' Compensation	Applicable to all employees, and varies by wage level assumption
	Employee Benefits	Health, dental, vision, life and disability insurance, and retirement benefits	Amounts may vary by provider group
Transportation – Fleet Vehicle Expense	Vehicle Operating Expenses	Includes all ownership and maintenance-related expenses	Varies by service When applicable, services assume employee owned vehicle at federal rate
Administration, Program All other busin Support, related costs Overhead		Includes program operating expenses, including management, accounting, legal, information technology, etc.	Applied as a percentage of the total rate

FIGURE 5: INDEPENDENT RATE MODEL COMPONENTS

The IRM approach develops a comparison rate for each service as the sum of the costs associated with each of the components shown above. The cost and other assumptions associated with each component are adjusted to reflect the expected use of resources separately for each service.

IRM ASSUMPTION DEVELOPMENT AND STAKEHOLDER ENGAGEMENT

The development of the comparison rates reflects intensive work to better understand the resources required to provide these services, specifically:

- Review of service requirements. We reviewed and summarized service provision and staffing requirements for each service within the Social and Human Service Programs Review: Professional and Personnel Requirements report.
- Review of available data sources for assumption development. We reviewed publicly available data sources and sourced industry knowledge from similar work provided in other states to develop baseline IRM assumptions.

- State agency program administrator interview. We interviewed program administrators from EOHHS and Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) responsible for the administration of the behavioral health, early intervention, home care, and substance use disorder services included in this report. The interviews provided a foundational understanding of the service requirements and the current program environment.
- Provider interviews (July-August 2023). We interviewed leadership from provider agencies representing the same services after meeting with the state agencies. These interviews focused on operational aspects of service delivery, including the costs of delivering services, staffing levels, and challenges in meeting current service requirements.
- Data collection template (August 2023). We deployed a data collection template to all providers who were interviewed. The template allowed providers to input commentary and suggestions related to the initial model inputs and assumptions that were based on the initial research and interviews. The template collected actual average wages, PTO, staffing levels, employee costs, and other factors for consideration. We used the submitted data for context and to inform assumptions used in the comparison rate development.
- Draft results provided for provider feedback (August 2023). We provided draft rates for feedback to
 providers who participated in previous interviews. Providers sent feedback to Milliman that was used to
 inform the rates included in this report.

The assumptions used to develop the comparison rates were selected through a collective process between the authors of this report, state agency stakeholders, and providers. We are relying on these assumptions and believe them to be reasonable and appropriate for this use. To the extent that the data and information requested to develop these assumptions was not provided, are not accurate, or are not complete, the values provided in this correspondence may likewise be inaccurate or incomplete.

The scope of this analysis did not include adjustment to the existing rate structure of the services reviewed. Adjustments to the rate reimbursement structure may be considered in subsequent rate analyses in combination with policy priorities to address the strategic goals of Rhode Island. For example, reimbursement levels that vary by region may be considered to improve access in areas with more pronounced workforce challenges.

Rate Model Components

This subsection provides a description of the key rate components listed in Figure 5, which are:

- Clinical staff and supervisor salaries and wages
- Employee Related Expenses
- Transportation fleet vehicle expense
- Administration, program support, overhead

CLINICAL STAFF AND SUPERVISOR SALARIES AND WAGES

The clinical staff salary and wage components are the largest components of the comparison rates, comprising the labor-related cost, or the product of the time and expected wage rates for the clinical staff who deliver the services. This component includes costs associated with the clinical staff expected to deliver the services and their immediate supervisors.

Clinical Staff and Supervisor Time Assumptions

In the IRM approach, clinical staff time is identified by developing staffing assumptions by provider type and shift. Adjustments for PTO, holidays, and in some cases shift differentials, are also incorporated. Figure 6 provides a description of each of these sub-elements and related adjustments.

TIME SUB-ELEMENT	DEFINITION	ASSUMPTIONS
Clinical Staff Direct and Indirect Time	 Amount of time incurred by clinical staff related to the delivery of a reimbursable service, which includes both face-to-face direct time with clients and indirect time. Indirect time is time spent on non- "person facing" activities necessary to support service delivery (e.g., planning, summarizing notes, updating medical records). 	 Identifying the time (minutes) that a clinician spends directly with a client vs in support of the client service allows the rate model to reflect direct and indirect time requirements. For certain services with exceptional no-show rates, the indirect time per unit is adjusted to account for no-shows.
PTO and Training Adjustment Factor	 Accounts for expected additional time that must be covered over the course of a year by other clinical staff, thereby representing additional clinical staff time per unit. Annual time related paid vacation, holiday, and sick time. Annual training and/or conference time expected to be incurred by clinical staff and supervisors. Increased for an estimate that considers the amount of one-time training/onboarding and the frequency of this type of training time that can be attributable to employee turnover. 	 Varies by provider group, based on information collected as part of the provider interviews and information gathering. Additional training time was assumed for Early Intervention services based on provider feedback. Detailed assumptions related to the PTO adjustment by provider group are provided in Appendix 4.
Shift Differentials	 For certain services, an additional wage per hour is paid to the practitioner 	 An additional wage per hour is assumed for night, evening, and holiday shifts for personal care (S5125) services under certain modifiers.
Supervisor Time	 Clinical staff providing services to individuals require supervision. Supervisor responsibilities may vary, but primarily are on-site providing direct supervision, hiring, training and discipline of the clinical staff, whose primary responsibilities are providing services. Supervisor responsibilities may also include program planning and evaluation, advocacy, working with families, and working with community members. 	 Supervisor time varies by service and is established through interviews and data collection with providers. A supervisor span of control is established to designate the division of a supervisor's time among the oversight of multiple staff and the services delivered by those staff.

FIGURE 6: SUMMARY OF SUB-ELEMENTS RELATED TO CLINICAL STAFF AND SUPERVISOR TIME

Wage Rate Assumptions for Clinical Staff and Supervisors

The clinical staff hourly wage rate for each provider group was developed using May 2022 wage data from the Bureau of Labor Statistics (BLS) for Rhode Island², which included:

- Identifying BLS occupation codes that are most similar to for each of the provider groups, as illustrated in Appendix 3.
- Inflating the BLS wage amounts to the midpoint of the comparison rate period (SFY 2025), January 1, 2025.
 The trend rate utilized for this purpose is 3.56%, which was developed from Personal Consumption
 Expenditures (PCE) price index (excluding food and energy) from May 2022 onwards.
- Calculating the average of the wage amounts for the 25th, 50th, 62.5th, and 75th percentile for the BLS occupational codes associated with the provider group. One of these wage percentiles was chosen for use under each procedure code. The assumed wage for each procedure code can be found in Appendix 2 and the detailed IRM exhibits in Appendix 6.

Appendix 3 summarizes the wage amounts by provider group. OHIC was able to collect wage data from providers as part of the interview and data collection process described previously. This data was used to inform the selection of the BLS percentile used for each provider group. For certain specialty early intervention services, certified teacher of the deaf and certified special educator for the visually impaired, an assumed wage was chosen based on provider survey responses because of a lack of applicable BLS wage data.

EMPLOYEE RELATED EXPENSES

This component captures the ERE expected to be incurred for clinical staff and supervisors for each service. ERE percentages were calculated based on the expected level of ERE as a percentage of clinical staff and supervisor salaries and wages. ERE expenses are calculated as the product of the calculated clinical staff and supervisor salaries and wage described above, and an ERE percentage, which varies by provider group.

ERE expenses include:

- Employer portion of payroll taxes, workers' compensation, employee medical and other insurance benefits
- Employer portion of retirement expenses incurred on behalf of clinical staff and supervisors

For purposes of developing the ERE assumptions, the employer-related payroll taxes were based on the federal and state specific requirements. For example, the IRS specifies amounts for items such as Federal Insurance Contributions Act (FICA), Federal Unemployment Tax Act (FUTA), where the state specifies amounts related to State Unemployment Insurance Act (SUI). Insurance, retirement, and workers' compensation costs were informed by national employer BLS data and provider survey data. Figure 7 and Appendix 5 illustrate the ERE assumptions and the sources from which they were developed.

² Bureau of Labor Statistics. May 2022 State Occupational Employment and Wage Estimates: Rhode Island. Retrieved from https://www.bls.gov/oes/current/oes_ri.htm

COMPONENTS	ASSUMPTIONS	SOURCE
Social Security Tax	6.20% Projected taxable limit: \$171,300 (Projected taxable limit calculated as the average of SSA's projections for taxable limits in 2024 and 2025)	Social Security Administration. The 2023 OASDI Trustees Report. Retrieved from https://www.ssa.gov/OACT/TR/2023/tr2023.pdf
Medicare Tax	1.45% of salary	Internal Revenue Service. Topic No. 751 Social Security and Medicare Withholding Rates. Retrieved from https://www.irs.gov/taxtopics/tc751
FUTA Tax	6% Taxable limit: \$7,000	Internal Revenue Service. Topic No. 759 Form 940 – Employer's Annual Federal Unemployment (FUTA) Tax Return – Filing and Deposit Requirements. Retrieved from https://www.irs.gov/taxtopics/tc759
SUI Tax	2.46% (average historical Rhode Island rate, per U.S. Department of Labor) Taxable limit: \$28,200	State of Rhode Island Department of Labor and Training. 2023 Tax Rates for Unemployment Insurance and Temporary Disability Insurance. Retrieved from https://dlt.ri.gov/press-releases/department- labor-and-training-announces-2023-tax-rates-unemployment-insurance- and U.S. Department of Labor. Annual Tax Measures Report. Retrieved from https://oui.doleta.gov/unemploy/sig_measure.asp
Workers' Compensation	Home Care: 4% of salary Other Employers: 2% of salary	Stakeholder provider surveys, August 2023. U.S. Bureau of Labor Statistics. National Compensation Survey, December 2022, Employer Costs for Employee Compensation, Private Industry Workers, national data for all industries. Workers' compensation was calculated as a percent of "Wages and salaries" plus "Paid leave". Retrieved from https://www.bls.gov/web/ecec/ecec- private-dataset.xlsx
Insurance Benefits	 \$10,000 per employee per year, regardless of participation A 70% assumed employee participation rate implies \$14,285 per participating employee CNAs and homemakers were assumed a 40% lower insurance eligibility/participation than other provider groupings 	Stakeholder provider surveys, August 2023. U.S. Bureau of Labor Statistics. National Compensation Survey, March 2023, Employer Costs for Employee Compensation, Private Industry Workers, national data for "Health care and social assistance" workers. Retrieved from https://www.bls.gov/web/ecec/ecec-private-dataset.xlsx
Retirement Percent	3.91% of salary CNAs and homemakers were assumed to have 40% lower retirement eligibility/participation than other provider groupings	U.S. Bureau of Labor Statistics. National Compensation Survey, March 2023, Employer Costs for Employee Compensation, Private Industry Workers, national data for "Health care and social assistance" workers. Retirement was calculated as a percent of "Wages and salaries" plus "Paid leave". Retrieved from https://www.bls.gov/web/ecec/ecec-private-dataset.xlsx

FIGURE 7: EMPLOYEE RELATED EXPENSE ASSUMPTIONS

TRANSPORTATION EXPENSES

The transportation expense component of the IRM approach is intended to capture the provider entities' out-of-pocket transportation costs that cannot be billed separately. Transportation expense per unit for each service was calculated by multiplying the average transportation miles required per unit, the federal mileage reimbursement rate of \$0.655, and the assumed percentage of miles reimbursed for the service. The average transportation miles required per unit was calculated by multiplying the average transportation minutes per unit and the average transportation speed measured by miles per hour (MPH) assumption and then dividing by 60 (e.g., 6 transportation minutes per unit * 30 MPH / 60 = 3 miles per unit). The assumed percentage of miles reimbursed was based on stakeholder feedback on current reimbursement practices.

ADMINISTRATION / PROGRAM SUPPORT / OVERHEAD

An adjustment to account for the cost of administration, program support, and overhead of the provider is built into each of the rate models. This rate component is intended to reflect the following types of costs:

- Program support costs. Includes supplies, materials, and equipment necessary to support service delivery.
- Administration and overhead expenses. Generally, administrative-related expenses include all expenses incurred by the provider entity necessary to support the provision of services but not directly related to providing services to individuals, and may include, but not be limited to:
 - Salaries and wages, and related employee benefits for employees or contractors that are not direct service workers or first- and second- line supervisors of direct service workers
 - Liability and other insurance
 - Licenses and taxes
 - Legal and audit fees
 - Accounting and payroll services
 - o Billing and collection services
 - Bank service charges and fees
 - Information technology
 - Telephone and other communication expenses
 - Office and other supplies
 - o Postage
 - o Accreditation expenses, dues, memberships, and subscriptions
 - o Meeting and administrative travel related expenses
 - o Training and employee development expenses, including related travel
 - o Human resources, including background checks
 - Community education
 - Allowable marketing/advertising
 - o Interest expense and financing fees
 - o Facility and equipment expense and related utilities
 - Vehicle and other transportation expenses not related to transporting employees to provide services to individuals
 - Board of director-related expenses
 - Interpreter services

Our assumptions for the administrative overhead load are informed by industry research, experience in other states, and information provided by stakeholders. The administrative overhead load varies by service type.

Other Rate Considerations

This subsection outlines the methodology of the comparison rate development for services with additional considerations based on the service delivery or reimbursement structure.

BLENDED EARLY INTERVENTION RATE DEVELOPMENT

For most procedure codes that comparison rates were developed for, the credentials of the practitioner are defined through the use of (or absence of) a modifier. For example, the TD modifier for 99211 (Office visit, 5 minutes) signifies the service is billed by a registered nurse. However, for two early intervention services, H2000 (comprehensive multidisciplinary evaluation) and T1016 (service coordination), services may be performed by multiple provider types. In addition, all Level II practitioners of early intervention services receive the same rate for T1024 and T1027.

For each of these services, a blended rate was developed using a weighted-average composite of service rates developed for each professional credentialing level. We developed individual comparison rates for each applicable provider grouping that can deliver these services (such as H2000: Educator). We then developed blended comparison rates for these services using percentage weights applicable to each provider groupings. These weights represent the total proportion of billed hours for these services associated with the provider groupings. The individual comparison weights for each provider grouping, the associated weight, and the blended composite rate are illustrated in Appendix 1b.

In addition, comparison rates for T1016-TF (Team Coordination, 15 Minutes, 2 Staff) and T1016-TG (Team Coordination, 15 Minutes, 3 or More Staff) were calculated by multiplying the T1016 comparison rate by 2 and 3, respectively.

BUNDLED METHADONE RATE DEVELOPMENT

Substance use disorder service providers provide a range of services to clients under a weekly methadone bundle billed under H0020. Services included in this bundle include the following:

- The administration of methadone (and related drug cost)
- Monthly behavioral health therapy and counseling
- Toxicology testing
- Care coordination for certain members (who are not enrolled in the Opioid Treatment Program)
- Annual intake and evaluation

Providers are paid a bundled rate for rendering the above services. Appendix 1c shows the comparison rate development of the H0020 methadone bundle. It references comparison rates developed for individual components, as well as the existing Medicare FFS methadone drug cost rate (G2067) and the existing Medicare FFS toxicology testing rate (80305).

HOME CARE RATE ENHANCEMENTS AND SHIFT DIFFERENTIAL

Home care providers are currently eligible to receive rate enhancements for personal care services (S5125), combined personal care and homemaker services (S5125 U1), and homemaker services (S5130) by meeting certain criteria. The enhanced reimbursement as of July 1, 2023 for personal care services is listed in Figure 8 below.

FIGURE 8: HOME CARE ENHANCEMENT AMOUNTS						
ENHANCEMENT	AMOUNT					
Client and worker satisfaction	\$ 0.50					
Staff education and training	\$ 0.33					
National accreditation	\$ 0.33					
State accreditation	\$ 0.17					
Behavioral healthcare training	\$ 0.33					

Notes

1) Agencies cannot receive rate enhancements for both national and state accreditation

(2) Only "client and worker satisfaction" and "behavioral healthcare training" enhancements are applicable to S5130

The assumptions used in the IRM development for personal care and homemaker services, such as training, wage amounts, and overhead, are estimated to include sufficient provision for a home care agency to meet the criteria for the enhancement programs listed.

In addition, home care services are eligible shift differential and client acuity rate increases based on the time of day and acuity of the client for which home care services are provided. These shift differential and client acuity rate increases are indicated by submission of a modifier with the service coding. We estimated an additional employee wage of \$2.25 per hour for night, evening, and weekend/holiday shifts and \$1.00 per hour for high client acuity based on our review of current modifier values and industry standards.

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 their advisors. Milliman's work is prepared solely for the use and benefit of the OHIC in accordance with its statutory and regulatory requirements. Milliman recognizes 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. 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 has developed certain models to estimate the values included in this correspondence. The intent of the models was to estimate expected costs a reasonably efficient provider would incur while delivering the services outlined in this report. 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 the providers, EOHHS, BHDDH, and 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 described in this report. The models, including all input, calculations, and output may not be appropriate for any other purpose.

Comparison rates are developed using an independent rate model, which calculates rates based on the sum of independently determined rate inputs and components. Inputs are based on expected resources required to provide the service. Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

The scope of this analysis did not include adjustment to the existing rate structure of the services reviewed. Adjustments to the rate reimbursement structure may be considered in subsequent rate analyses in combination with policy priorities to address the strategic goals of Rhode Island.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Corey Miller, Ian McCulla, and Jason Clarkson are members of the American Academy of Actuaries, who meet the qualification standards for performing the analyses in this report. Appendix 1: Summary Rate Comparison

	Ri		ce of the Health Insur uman Service Prograr								
			(1a: Summary Rate C	omparison							
				Independent	Rate Model Develo						
Our day Ou da	Dender Deservetation	Reporting	Oslavias 8 Waysa	Employee Related	Transportation & Fleet Vehicle	Program Support &	Tatal IDM Data	Existing	Percent	Existing FFS Rate with All	Percent
Service Code 90791-AJ	Service Description Psychiatric Diagnostic Evaluation Without Medical Services (LICSW/LCSW)	Units Encounter	Salaries & Wages \$ 81.50	Expenses \$ 21.55	Expenses	Overhead \$ 25.76	Total IRM Rate \$ 128.82	FFS Rate \$ 131.75	Difference (2.2%)	Enhancements	Differenc
90791-HO	Psychiatric Diagnostic Evaluation Without Medical Services (LICOW) COW)	Encounter	81.50	21.55	-	25.76	128.82	131.75	(2.2%)		
90791-TD	Psychiatric Diagnostic Evaluation Without Medical Services (Registered Nurse)	Encounter	90.39	22.72	-	28.28	141.39	124.00	14.0%		
90791-UA	Psychiatric Diagnostic Evaluation Without Medical Services (Principal Counselor/Counselor)	Encounter	76.00	20.81	-	24.20	121.01	116.25	4.1%		
90791-HF	Psychiatric Diagnostic Evaluation Without Medical Services (LCDP)	Encounter	73.88	20.52	-	23.60	118.00	108.50	8.8%		
90792	Psychiatric Diagnostic Evaluation With Medical Services (Psychiatrist)	Encounter	257.30	39.41	-	74.18	370.89	294.35	26.0%		
90792-TD-TF	Psychiatric Diagnostic Evaluation With Medical Services (PCNS)	Encounter	151.57	30.48	-	45.51	227.57	250.20	(9.0%)		
90832-AJ 90832-HO	Psychotherapy, 30 Minutes (LICSW/LCSW) Psychotherapy, 30 Minutes (LMHC)	Encounter Encounter	33.96 33.96	8.98 8.98	-	10.74 10.74	53.68 53.68	52.50 52.50	2.2% 2.2%		
90832-UA	Psychotherapy, 30 Minutes (Principal Counselor/Counselor)	Encounter	31.67	8.67	-	10.74	50.42	49.00	2.2 %		
90832-HF	Psychotherapy, 30 Minutes (LCDP)	Encounter	30.78	8.55	-	9.83	49.17	45.50	8.1%		
90834-AJ	Psychotherapy, 45 Minutes (LICSW/LCSW)	Encounter	50.94	13.47	-	16.10	80.51	72.00	11.8%		
90834-HO	Psychotherapy, 45 Minutes (LMHC)	Encounter	50.94	13.47	-	16.10	80.51	72.00	11.8%		
90834-UA	Psychotherapy, 45 Minutes (Principal Counselor/Counselor)	Encounter	47.50	13.01	-	15.13	75.63	67.20	12.5%		
90834-HF	Psychotherapy, 45 Minutes (LCDP)	Encounter	46.17	12.83	-	14.75	73.75	62.40	18.2%		
90837-AJ	Psychotherapy, 60 Minutes (LICSW/LCSW)	Encounter	67.92	17.96	-	21.47	107.35	75.00	43.1%		
90837-HO	Psychotherapy, 60 Minutes (LMHC)	Encounter	67.92	17.96	-	21.47	107.35	75.00	43.1%		
90837-UA 90837-HF	Psychotherapy, 60 Minutes (Principal Counselor/Counselor) Psychotherapy, 60 Minutes (LCDP)	Encounter Encounter	63.33 61.56	17.34 17.10	-	20.17 19.67	100.84 98.33	70.00 65.00	44.1% 51.3%		
90846-AJ	Family Psychotherapy (Without Patient), 50 Minutes (LICSW/LCSW)	Encounter	56.60	14.97	-	17.89	98.33 89.46	67.50	32.5%		
90846-HO	Family Psychotherapy (Without Patient), 50 Minutes (LICOW) LCOW)	Encounter	56.60	14.97		17.89	89.46	67.50	32.5%		
90846-UA	Family Psychotherapy (Without Patient), 50 Minutes (Principal Counselor/Counselor)	Encounter	52.78	14.45	-	16.81	84.03	63.00	33.4%		
90846-HF	Family Psychotherapy (Without Patient), 50 Minutes (LCDP)	Encounter	51.30	14.25	-	16.39	81.94	58.50	40.1%		
90847-AJ	Family Psychotherapy (With Patient), 50 Minutes (LICSW/LCSW)	Encounter	56.60	14.97	-	17.89	89.46	72.00	24.3%		
90847-HO	Family Psychotherapy (With Patient), 50 Minutes (LMHC)	Encounter	56.60	14.97	-	17.89	89.46	72.00	24.3%		
90847-UA	Family Psychotherapy (With Patient), 50 Minutes (Principal Counselor/Counselor)	Encounter	52.78	14.45	-	16.81	84.03	67.20	25.0%		
90847-HF	Family Psychotherapy (With Patient), 50 Minutes (LCDP)	Encounter	51.30	14.25	-	16.39	81.94	62.40	31.3%		
90853-AJ	Group Psychotherapy (LICSW/LCSW)	Encounter Encounter	23.61	6.26	-	7.47	37.34	36.00	3.7% 3.7%		
90853-HO 90853-UA	Group Psychotherapy (LMHC) Group Psychotherapy (Principal Counselor/Counselor)	Encounter	23.61 21.96	6.26 6.04	-	7.47 7.00	37.34 34.99	36.00 33.60	3.7% 4.1%		
90853-UA 90853-HF	Group Psychotherapy (LCDP)	Encounter	21.90	5.95		6.83	34.99	31.20	9.4%		
99211-TD	Office Visit, 5 Minutes (Registered Nurse)	Encounter	6.28	1.58	-	1.96	9.82	7.50	30.9%		
99212	Office Visit, 10 Minutes (Psychiatrist)	Encounter	35.74	5.47	-	10.30	51.51	56.00	(8.0%)		
99213	Office Visit, 15 Minutes (Psychiatrist)	Encounter	53.60	8.21	-	15.45	77.27	78.00	(0.9%)		
99213-TD-TF	Office Visit, 15 Minutes (PCNS)	Encounter	29.38	6.16	-	8.88	44.42	66.30	(33.0%)		
99214	Office Visit, 25 Minutes (Psychiatrist)	Encounter	89.34	13.68	-	25.76	128.78	118.00	9.1%		
99214-TD-TF	Office Visit, 25 Minutes (PCNS)	Encounter	48.96	10.27	-	14.81	74.04	100.30	(26.2%)		
99215 99215-TD-TF	Office Visit, 40 Minutes (Psychiatrist) Office Visit, 40 Minutes (PCNS)	Encounter Encounter	142.95 78.33	21.89 16.44	-	41.21 23.69	206.05 118.46	148.00 125.80	39.2% (5.8%)		
H0020 (Base)	Methadone Administration (Base)	Encounter	4.62	1.17	-	23.69	7.24	125.60	(5.6%)		
H0020 (Bundle)	Methadone Bundle	Weekly	4.02	1.17	-	1.45	137.97	84.98	62.4%		
H0037	Integrated Health Home	Per Diem	10.88	3.11	1.17	3.79	18.95	13.82	37.1%		
H0037 (OTP)	Integrated Health Home (OTP)	Per Diem	8.27	2.18	-	2.61	13.07	7.64	71.1%		
H0040	Assertive Community Treatment	Per Diem	29.80	7.70	1.56	12.33	51.39	41.65	23.4%		
H2000	Comprehensive Multidisciplinary Evaluation	Encounter	603.19	150.46	19.65	257.77	1,031.06	1,064.36	(3.1%)		
T1016	Case Management, 15 Minutes	15 Minutes	17.17	4.37	-	7.18	28.73	25.35	13.3%		
T1016-TF	Team Coordination, 15 Minutes (Two Staff)	15 Minutes	34.34	8.75	-	14.36	57.46	50.69	13.4%		
T1016-TG T1024	Team Coordination, 15 Minutes (Three or More Staff) Team Evaluation and Management (Educator)	15 Minutes 15 Minutes	51.51 28.35	13.12 7.07	- 2.46	21.54 12.62	86.19 50.50	76.04 43.44	13.3% 16.3%		
T1024 T1024-AE	Team Evaluation and Management (Registered Dietician)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1024-AJ	Team Evaluation and Management (Clinical Social Worker)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1024-GN	Team Evaluation and Management (Speech Pathologist)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1024-GO	Team Evaluation and Management (Occupational Therapist)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1024-GP	Team Evaluation and Management (Physical Therapist)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1024-HN	Team Evaluation and Management (Bachelor's Level)	15 Minutes	22.08	6.36	2.46		41.20	29.70	38.7%		
T1024-HP	Team Evaluation and Management (Psychologist)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1024-TD	Team Evaluation and Management (Registered Nurse)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1024-TG	Team Evaluation and Management (Behavioral Health Professional)	15 Minutes 15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1024-TG-HO T1024-TL-HO	Team Evaluation and Management (Certified Teacher of the Deaf) Team Evaluation and Management (Visually Impaired)	15 Minutes 15 Minutes	28.35 28.35	7.07 7.07	2.46 2.46		50.50 50.50	43.44 43.44	16.3% 16.3%		
T1024-1L-HO T1027	Family Training and Counseling, 15 Minutes (Educator)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1027-AE	Family Training and Counseling, 15 Minutes (Registered Dietician)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1027-AJ	Family Training and Counseling, 15 Minutes (Clinical Social Worker)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1027-GN	Family Training and Counseling, 15 Minutes (Speech Pathologist)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1027-GO	Family Training and Counseling, 15 Minutes (Occupational Therapist)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1027-GP	Family Training and Counseling, 15 Minutes (Physical Therapist)	15 Minutes	28.35	7.07	2.46		50.50	43.44	16.3%		
T1027-HN	Family Training and Counseling, 15 Minutes (Bachelor's Level)	15 Minutes 15 Minutes	22.08	6.36	2.46		41.20	29.70	38.7%		
					2.46			43.44			
T1027-HP T1027-TD	Family Training and Counseling, 15 Minutes (Psychologist) Family Training and Counseling, 15 Minutes (Registered Nurse)	15 Minutes	28.35 28.35	7.07 7.07	2.46		50.50 50.50	43.44	16.3% 16.3%		

Rhode Island Office of the Health Insurance Commissioner Social and Human Service Programs Rate Review Appendix 1a: Summary Rate Comparison											
				Independent	Rate Model Develop	oment Unit Cost		_			
Service Code	Service Description	Reporting Units	Salaries & Wages	Employee Related Expenses	Transportation & Fleet Vehicle Expenses	Administration, Program Support & Overhead	Total IRM Rate	Existing FFS Rate	Percent Difference	Existing FFS Rate with All Enhancements	Percent Difference
T1027-TG-HO	Family Training and Counseling, 15 Minutes (Certified Teacher of the Deaf)	15 Minutes	28.35	7.07	2.46	12.62	50.50	43.44	16.3%		-
S5125	Personal Care Services	15 Minutes	6.64	2.08	0.12	1.56	10.40	6.79	53.2%	8.34	24.7%
S5125-UJ	Personal Care Services (Night Shift)	15 Minutes	7.35	2.18	0.12	1.70	11.35	7.35	54.4%	8.90	27.5%
S5125-UH	Personal Care Services (Evening Shift)	15 Minutes	7.35	2.18	0.12	1.70	11.35	7.35	54.4%	8.90	27.5%
S5125-TV	Personal Care Services (Weekend/Holiday Shift)	15 Minutes	7.35	2.18	0.12	1.70	11.35	7.35	54.4%	8.90	27.5%
S5125-U9	Personal Care Services (High Acuity)	15 Minutes	6.96	2.12	0.12	1.62	10.82	7.04	53.7%	8.59	
S5125-UJ-U9	Personal Care Services (Night Shift; High Acuity)	15 Minutes	7.66	2.22	0.12	1.77	11.77	7.60	54.9%	9.15	28.6%
S5125-UH-U9	Personal Care Services (Evening Shift; High Acuity)	15 Minutes	7.66	2.22	0.12	1.77	11.77	7.60	54.9%	9.15	28.6%
S5125-TV-U9	Personal Care Services (Weekend/Holiday Shift; High Acuity)	15 Minutes	7.66	2.22	0.12	1.77	11.77	7.60	54.9%	9.15	28.6%
S5125-U1	Combined Personal Care and Homemaker Services	15 Minutes	6.64	2.08	0.12	1.56	10.40	6.56	58.5%	8.11	28.2%
S5125-U1-UJ	Combined Personal Care and Homemaker Services (Night Shift)	15 Minutes	7.35	2.18	0.12	1.70	11.35	7.12	59.4%	8.67	30.9%
S5125-U1-UH	Combined Personal Care and Homemaker Services (Evening Shift)	15 Minutes	7.35	2.18	0.12	1.70	11.35	7.12	59.4%	8.67	30.9%
S5125-U1-TV	Combined Personal Care and Homemaker Services (Weekend/Holiday Shift)	15 Minutes	7.35	2.18	0.12	1.70	11.35	7.12	59.4%	8.67	30.9%
S5125-U1-U9	Combined Personal Care and Homemaker Services (High Acuity)	15 Minutes	6.96	2.12	0.12	1.62	10.82	6.81	58.9%	8.36	29.4%
S5125-U1-UJ-U9	Combined Personal Care and Homemaker Services (Night Shift; High Acuity)	15 Minutes	7.66	2.22	0.12	1.77	11.77	7.37	59.7%	8.92	32.0%
S5125-U1-UH-U9	Combined Personal Care and Homemaker Services (Evening Shift; High Acuity)	15 Minutes	7.66	2.22	0.12	1.77	11.77	7.37	59.7%	8.92	32.0%
S5125-U1-TV-U9	Combined Personal Care and Homemaker Services (Weekend/Holiday Shift; High Acuity)	15 Minutes	7.66	2.22	0.12	1.77	11.77	7.37	59.7%	8.92	32.0%
S5130	Homemaker Service	15 Minutes	6.39	2.04	0.12	1.51	10.07	6.35	58.6%	7.24	39.1%
S5130-TE	Homemaker Service (LPN)	15 Minutes	11.50	2.81	0.12	2.55	16.99	14.68	15.7%		
T1001	Nursing Assessment/Evaluation	15 Minutes	122.94	33.61	0.98	27.80	185.33	106.21	74.5%		
T1000	Private Duty/Independent Nursing Service	15 Minutes	14.50	3.96	0.03	3.26	21.75	14.68	48.2%		
T1000-TE	Private Duty/Independent Nursing Service (LPN)	15 Minutes	10.27	3.23	0.03	2.39	15.92	11.88	34.0%		

Notes: (1) Illustrated values have been rounded. (2) Applicable program indicators include Adult Mental Health (MMH015), Substance Abuse Services (MSA010), Opioid Treatment Program (MBO020), Integrated Health Home (MBI010), Assertive Community Treatment (MBA010), Early Intervention MA (MEI010), Early Intervention NA (MEI010), Early Intervention Non-MA (MEI015), and the following program indicators for home care services: BHDDH DD Home Health Services (MBD030), Severely Disabled Home Care Services (MCC010), LTSS HCBS Services (MCS010), OHA Community Waiver Program (MDE010), OHA At Home Cost Share (MDE030 & MDE040), Habilitation Community Service (MHB010), Medicaid Preventive Services (MPS020).

Rhode Island Office of the Health Insurance Commissioner Social and Human Service Programs Rate Review Appendix 1b: Early Intervention Child Evaluation (H2000) Blended Rate Calculation Independent Rate Model Development Unit Cost									
Transportation & Administration, Employee Related Fleet Vehicle Program Support & Practitioner Salaries & Wages Expenses Expenses Overhead Total IRM Rate									
Educator (Level II)	\$ 558.50	\$ 147.59	\$ 19.65	\$ 241.91	\$ 967.66	20.0%			
Clinical Social Worker	558.50	147.59	19.65	241.91	967.66	10.0%			
Speech Pathologist	645.58	154.84	19.65	273.35	1,093.42	30.0%			
Occupational Therapist	606.03	149.47	19.65	258.38	1,033.54	17.5%			
Physical Therapist	609.98	150.01	19.65	259.88	1,039.51	17.5%			
Registered Nurse	583.30	146.39	19.65	249.78	999.13	5.0%			
Final Blended H2000 Rate	\$ 603.19	\$ 150.46	\$ 19.65	\$ 257.77	\$ 1,031.06	100.0%			

			ice Programs Rate I	Review Blended Rate Calcula	tion	
Practitioner	Salaries & Wages	Employee Related Expenses	Transportation & Fleet Vehicle Expenses	Administration, Program Support & Overhead	Total IRM Rate	Percent Weight
Bachelor's Level (Level I)	\$ 13.93	\$ 4.02	-	\$ 5.98	\$ 23.93	15.0%
Educator (Level II)	16.53	4.37	-	6.97	27.87	15.0%
Clinical Social Worker	16.53	4.37	-	6.97	27.87	10.0%
Speech Pathologist	19.11	4.58	-	7.90	31.59	20.0%
Occupational Therapist	17.94	4.42	-	7.45	29.82	15.0%
Physical Therapist	18.05	4.44	-	7.50	29.99	15.0%
Registered Nurse	17.27	4.33	-	7.20	28.80	10.0%
Final Blended T1016 Rate	\$ 17.17	\$ 4.37	-	\$ 7.18	\$ 28.73	100.0%

Rhode Island Office of the Health Insurance Commissioner Social and Human Service Programs Rate Review Appendix 1b: Early Intervention Level II Team E&M (T1024) and Family Training and Counseling (T1027) Blended Rate Calcula Independent Rate Model Development Unit Cost								
Practitioner	Salaries & Wages	Employee Related Expenses	Transportation & Fleet Vehicle Expenses	Administration, Program Support & Overhead	Total IRM Rate	Percent Weight		
Educator (Level II)	\$ 26.20	\$ 6.92	\$ 2.46	\$ 11.86	\$ 47.43	30.5%		
Registered Dietician	23.32	6.32	2.46	10.70	42.80	0.7%		
Clinical Social Worker	26.20	6.92	2.46	11.86	47.43	0.8%		
Speech Pathologist	30.28	7.26	2.46	13.33	53.33	34.3%		
Occupational Therapist	28.42	7.01	2.46	12.63	50.52	16.5%		
Physical Therapist	28.61	7.04	2.46	12.70	50.80	14.8%		
Psychologist	31.30	7.40	2.46	13.72	54.87	0.0%		
Registered Nurse	27.36	6.87	2.46	12.23	48.91	1.9%		
Behavioral Health Professional	26.20	6.92	2.46	11.86	47.43	0.3%		
Certified Teacher of the Deaf	41.35	8.76	2.46	17.52	70.10	0.1%		
Visual Services Provider	41.35	8.76	2.46	17.52	70.10	0.1%		
Final Blended T1024 and T1027 Rate	\$ 28.35	\$ 7.07	\$ 2.46	\$ 12.62	\$ 50.50	100.0%		

Note: Weights were developed from state fiscal year 2022 Medicaid fee-for-service Early Intervention utilization for service codes T1024 and T1027. Weights were adjusted based on additional provider feedback.

Rhode Island Office of the Health Insurance Commissioner Social and Human Service Programs Rate Review Appendix 1c: H0020 Bundle Development									
	Component Reference			Weekly					
Bundle Component	Code	Description	Standalone Rate	Frequency	Rate Subtotal				
Methadone Administration	H0020 (Base)	Methadone administration, daily	\$ 7.24	7.00	\$ 50.68				
Methadone Drug Cost	G2067 (Drug Cost Portion)	Drug cost portion of Medicare OTP rate (\$39.29)	39.29	1.00	39.29				
Behavioral Health Therapy and Counseling	90834-HF (45 minutes)	Psychotherapy, 45 minutes (LCDP)	73.75	0.25	18.44				
Toxicology Testing	80305	Drug test, direct optical observation (current Medicare rate of \$12.60)	12.60	1.00	12.60				
Care Coodination	90837-HF (60 minutes)	1 hour of care coordination time per month, for 40% of members	98.33	0.10	9.83				
Annual Intake / Evaluation	90792	Psychiatric diagnostic evaluation with medical services (Psychiatrist)	370.89	0.02	7.13				
Total H0020 Bundled Rate					\$ 137.97				

Appendix 2: Detailed Inputs and Assumptions

			F	Rhode Island C Social and	Office of the F I Human Serv								
			Appendix					and Assumpti	ons				
									Practitioner			Supervisor	
		Direct Minutes per	Indirect Minutes per	Travel Minutes per	Supervisor Span of	Staffing	Overhead	Percent of Miles		Practitioner	Practitioner Shift		Supervisor
Code	Description	Unit	Unit	Unit	Control	Ratio	Percent	Reimbursed	Practitioner Provider Grouping	Wage	Differential	Supervisor Provider Grouping	Wage
90791-AJ 90791-HO	Psychiatric Diagnostic Evaluation Without Medical Services (LICSW/LCSW)	60	30	0	10 10	1	20% 20%	100%	Master's Licensed (LCSW, LMFT, LMHC)	\$ 41.18 \$ 41.18	-	Master's Licensed (LCSW, LMFT, LMHC)	\$ 44.3 \$ 44.3
90791-HO 90791-TD	Psychiatric Diagnostic Evaluation Without Medical Services (LMHC) Psychiatric Diagnostic Evaluation Without Medical Services (Registered Nurse)	60 60	30 30	0	10	1	20%	100% 100%	Master's Licensed (LCSW, LMFT, LMHC) Registered Nurse	\$ 41.18 \$ 45.38	-	Master's Licensed (LCSW, LMFT, LMHC) Registered Nurse	\$ 44.3
90791-UA	Psychiatric Diagnostic Evaluation Without Medical Services (Principal Counselor/Counselor)	60	30	0	10	1	20%	100%	Other Master's Social Worker	\$ 38.25	-	Other Master's Social Worker	\$ 42.7
90791-HF	Psychiatric Diagnostic Evaluation Without Medical Services (LCDP)	60	30	0	10	1	20%	100%	LCDP	\$ 37.20	-	LCDP	\$ 41.4
90832-AJ 90832-HO	Psychotherapy, 30 Minutes (LICSW/LCSW) Psychotherapy, 30 Minutes (LMHC)	30 30	7.5 7.5	0	10 10	1	20% 20%	100% 100%	Master's Licensed (LCSW, LMFT, LMHC) Master's Licensed (LCSW, LMFT, LMHC)	\$ 41.18 \$ 41.18	-	Master's Licensed (LCSW, LMFT, LMHC) Master's Licensed (LCSW, LMFT, LMHC)	\$ 44.3 \$ 44.3
90832-UA	Psychotherapy, 30 Minutes (Principal Counselor/Counselor)	30	7.5	0	10	1	20%	100%	Other Master's Social Worker	\$ 38.25	-	Other Master's Social Worker	\$ 42.7
90832-HF	Psychotherapy, 30 Minutes (LCDP)	30	7.5	0	10	1	20%	100%	LCDP	\$ 37.20	-	LCDP	\$ 41.4
90834-AJ 90834-HO	Psychotherapy, 45 Minutes (LICSW/LCSW)	45 45	11.25	0	10 10	1	20% 20%	100% 100%	Master's Licensed (LCSW, LMFT, LMHC)	\$ 41.18	-	Master's Licensed (LCSW, LMFT, LMHC)	\$ 44.3 \$ 44.3
90834-HO 90834-UA	Psychotherapy, 45 Minutes (LMHC) Psychotherapy, 45 Minutes (Principal Counselor/Counselor)	45	11.25 11.25	0	10	1	20%	100%	Master's Licensed (LCSW, LMFT, LMHC) Other Master's Social Worker	\$ 41.18 \$ 38.25		Master's Licensed (LCSW, LMFT, LMHC) Other Master's Social Worker	\$ 44.3
90834-HF	Psychotherapy, 45 Minutes (LCDP)	45	11.25	õ	10	1	20%	100%	LCDP	\$ 37.20	-	LCDP	\$ 41.43
90837-AJ	Psychotherapy, 60 Minutes (LICSW/LCSW)	60	15	0	10	1	20%	100%	Master's Licensed (LCSW, LMFT, LMHC)	\$ 41.18	-	Master's Licensed (LCSW, LMFT, LMHC)	\$ 44.30
90837-HO 90837-UA	Psychotherapy, 60 Minutes (LMHC) Psychotherapy, 60 Minutes (Principal Counselor/Counselor)	60 60	15 15	0	10 10	1	20% 20%	100% 100%	Master's Licensed (LCSW, LMFT, LMHC) Other Master's Social Worker	\$ 41.18 \$ 38.25	-	Master's Licensed (LCSW, LMFT, LMHC) Other Master's Social Worker	\$ 44.30 \$ 42.79
90837-UA 90837-HF	Psychotherapy, 60 Minutes (LCDP)	60	15	0	10	1	20%	100%	LCDP	\$ 37.20	-	LCDP	\$ 42.78
90846-AJ	Family Psychotherapy (Without Patient), 50 Minutes (LICSW/LCSW)	50	12.5	0	10	1	20%	100%	Master's Licensed (LCSW, LMFT, LMHC)	\$ 41.18	-	Master's Licensed (LCSW, LMFT, LMHC)	\$ 44.30
90846-HO	Family Psychotherapy (Without Patient), 50 Minutes (LMHC)	50	12.5	0	10	1	20%	100%	Master's Licensed (LCSW, LMFT, LMHC)	\$ 41.18	-	Master's Licensed (LCSW, LMFT, LMHC)	\$ 44.30
90846-UA 90846-HF	Family Psychotherapy (Without Patient), 50 Minutes (Principal Counselor/Counselor) Family Psychotherapy (Without Patient), 50 Minutes (LCDP)	50 50	12.5 12.5	0	10	1	20% 20%	100%	Other Master's Social Worker	\$ 38.25 \$ 37.20	-	Other Master's Social Worker	\$ 42.79 \$ 41.43
90847-AJ	Family Psychotherapy (Without Patient), 50 Minutes (LICSW/LCSW)	50	12.5	0	10	1	20%	100%	Master's Licensed (LCSW, LMFT, LMHC)	\$ 41.18	-	Master's Licensed (LCSW, LMFT, LMHC)	\$ 44.30
90847-HO	Family Psychotherapy (With Patient), 50 Minutes (LMHC)	50	12.5	0	10	1	20%	100%	Master's Licensed (LCSW, LMFT, LMHC)	\$ 41.18	-	Master's Licensed (LCSW, LMFT, LMHC)	\$ 44.30
90847-UA 90847-HF	Family Psychotherapy (With Patient), 50 Minutes (Principal Counselor/Counselor) Family Psychotherapy (With Patient), 50 Minutes (LCDP)	50 50	12.5 12.5	0	10 10	1	20% 20%	100% 100%	Other Master's Social Worker	\$ 38.25 \$ 37.20	-	Other Master's Social Worker	\$ 42.79 \$ 41.43
90847-HF 90853-AJ	Group Psychotherapy (With Patient), 50 Minutes (LCDP)	50 90	12.5	0	10	1	20%	100%	Master's Licensed (LCSW, LMFT, LMHC)	\$ 37.20 \$ 41.18		Master's Licensed (LCSW, LMFT, LMHC)	\$ 41.43 \$ 44.30
90853-HO	Group Psychotherapy (LMHC)	90	22.5	Ő	10	4	20%	100%	Master's Licensed (LCSW, LMFT, LMHC)	\$ 41.18	-	Master's Licensed (LCSW, LMFT, LMHC)	\$ 44.30
90853-UA	Group Psychotherapy (Principal Counselor/Counselor)	90	22.5	0	10	4	20%	100%	Other Master's Social Worker	\$ 38.25	-	Other Master's Social Worker	\$ 42.79
90853-HF 99211-TD	Group Psychotherapy (LCDP) Office Visit, 5 Minutes (Registered Nurse)	90 5	22.5 1.25	0	10 10	4	20% 20%	100% 100%	LCDP Registered Nurse	\$ 37.20 \$ 45.38		LCDP Registered Nurse	\$ 41.43 \$ 53.78
99211-1D 99212	Office Visit, 5 Minutes (Psychiatrist)	10	2.5	0	10	1	20%	100%	Psychiatrist	\$ 131.35	-	Psychiatrist	\$ 131.35
99212-TD-TF	Office Visit, 10 Minutes (PCNS)	10	2.5	0	10	1	20%	100%	Advanced Practice Professional	\$ 71.98	-	Advanced Practice Professional	\$ 71.98
99213	Office Visit, 15 Minutes (Psychiatrist)	15	3.75	0	10	1	20%	100%	Psychiatrist	\$ 131.35	-	Psychiatrist	\$ 131.35
99213-TD-TF 99214	Office Visit, 15 Minutes (PCNS) Office Visit, 25 Minutes (Psychiatrist)	15 25	3.75 6.25	0	10 10	1	20% 20%	100% 100%	Advanced Practice Professional Psychiatrist	\$ 71.98 \$ 131.35	-	Advanced Practice Professional Psychiatrist	\$ 71.98 \$ 131.35
99214-TD-TF	Office Visit, 25 Minutes (PCNS)	25	6.25	0	10	1	20%	100%	Advanced Practice Professional	\$ 71.98	-	Advanced Practice Professional	\$ 71.98
99215	Office Visit, 40 Minutes (Psychiatrist)	40	10	0	10	1	20%	100%	Psychiatrist	\$ 131.35	-	Psychiatrist	\$ 131.35
99215-TD-TF H0020 (Base)	Office Visit, 40 Minutes (PCNS) Methadone Administration (Base)	40 3	10 2	0	10 8	1	20% 20%	100% 100%	Advanced Practice Professional Licensed Nurse (LPN, LVN)	\$ 71.98 \$ 33.16	-	Advanced Practice Professional Physician	\$ 71.98 \$ 120.00
H0020 (Bundle)	Methadone Bundle	3	2	U	0		20%	100 %	See Appendix 1c	\$ 55.10	-	Physician	\$ 120.00
H0037	Integrated Health Home								See Appendix 6				
H0037 (OTP)	Integrated Health Home (OTP)								See Appendix 6				
H0040 H2000	Assertive Community Treatment Comprehensive Multidisciplinary Evaluation	360	129	60	0	1	25%	100%	See Appendix 6 See Appendix 1b			See Appendix 1b	
T1016	Case Management, 15 Minutes	15	1.29	0	8	1	25%	100%	See Appendix 1b		-	See Appendix 1b	
T1016-TF	Team Coordination, 15 Minutes (Two Staff)	30	2.5	0	8	1	25%	100%	See Appendix 1b		-	See Appendix 1b	
T1016-TG	Team Coordination, 15 Minutes (Three or More Staff)	45	3.75	0	8	1	25%	100%	See Appendix 1b		-	See Appendix 1b	
T1024	Team Evaluation and Management (Level II)	15	3.25	7.5	8	1	25%	100%	See Appendix 1b	* • • • • •	-	See Appendix 1b	A 00 00
T1024-HN T1027	Team Evaluation and Management (Level I) Family Training and Counseling, 15 Minutes (Level II)	15 15	3.25 3.25	7.5 7.5	8	1	25% 25%	100% 100%	Bachelor's Level See Appendix 1b	\$ 34.51		Bachelor's Level See Appendix 1b	\$ 38.92
T1027-HN	Family Training and Counseling, 15 Minutes (Level I)	15	3.25	7.5	8	1	25%	100%	Bachelor's Level	\$ 34.51		Bachelor's Level	\$ 38.92
S5125	Personal Care Services	15	0	2.5	30	1	15%	15%	CNA	\$ 19.44	-	Registered Nurse	\$ 45.38
S5125-UJ S5125-UH	Personal Care Services (Night Shift) Personal Care Services (Evening Shift)	15 15	0	2.5 2.5	30 30	1	15% 15%	15% 15%	CNA CNA	\$ 19.44 \$ 19.44		Registered Nurse Registered Nurse	\$ 45.38 \$ 45.38
S5125-UH S5125-TV	Personal Care Services (Evening Shift) Personal Care Services (Weekend/Holiday Shift)	15	0	2.5	30	1	15%	15%	CNA	\$ 19.44		Registered Nurse	\$ 45.38
S5125-U9	Personal Care Services (High Acuity)	15	0	2.5	30	1	15%	15%	CNA	\$ 19.44	\$ 1.00	Registered Nurse	\$ 45.38
S5125-UJ-U9	Personal Care Services (Night Shift; High Acuity)	15	0	2.5	30	1	15%	15%	CNA	\$ 19.44		Registered Nurse	\$ 45.38
S5125-UH-U9 S5125-TV-U9	Personal Care Services (Evening Shift; High Acuity) Personal Care Services (Weekend/Holiday Shift; High Acuity)	15 15	0	2.5 2.5	30 30	1	15% 15%	15% 15%	CNA CNA	\$ 19.44 \$ 19.44		Registered Nurse Registered Nurse	\$ 45.38 \$ 45.38
S5125-U1	Combined Personal Care and Homemaker Services	15	0	2.5	30	1	15%	15%	CNA	\$ 19.44		Registered Nurse	\$ 45.38
S5125-U1-UJ	Combined Personal Care and Homemaker Services (Night Shift)	15	0	2.5	30	1	15%	15%	CNA	\$ 19.44	\$ 2.25	Registered Nurse	\$ 45.38
S5125-U1-UH	Combined Personal Care and Homemaker Services (Evening Shift)	15 15	0	2.5	30	1	15% 15%	15%	CNA CNA	\$ 19.44		Registered Nurse	\$ 45.38
S5125-U1-TV S5125-U1-U9	Combined Personal Care and Homemaker Services (Weekend/Holiday Shift) Combined Personal Care and Homemaker Services (High Acuity)	15	0	2.5 2.5	30 30	1	15%	15% 15%	CNA	\$ 19.44 \$ 19.44		Registered Nurse Registered Nurse	\$ 45.38 \$ 45.38
	Combined Personal Care and Homemaker Services (Night Shift; High Acuity)	15	0	2.5	30	1	15%	15%	CNA	\$ 19.44		Registered Nurse	\$ 45.38
	Combined Personal Care and Homemaker Services (Evening Shift; High Acuity)	15	0	2.5	30	1	15%	15%	CNA	\$ 19.44		Registered Nurse	\$ 45.38
S5125-U1-TV-U9 S5130	Combined Personal Care and Homemaker Services (Weekend/Holiday Shift; High Acuity) Homemaker Service	15 15	0	2.5 2.5	30 30	1	15% 15%	15% 15%	CNA Homemaker	\$ 19.44 \$ 18.65	+	Registered Nurse Registered Nurse	\$ 45.3 \$ 45.3
S5130 S5130-TE	Homemaker Service Homemaker Service (LPN)	15	0	2.5	30	1	15%	15% 15%	Licensed Nurse (LPN, LVN)	\$ 18.65 \$ 33.16	-	Registered Nurse	\$ 45.3
T1001	Nursing Assessment/Evaluation	90	22.5	20	30	1	15%	15%	Registered Nurse	\$ 45.38	-	Registered Nurse	\$ 45.38
T1000	Private Duty/Independent Nursing Service	15	0	0.625	30	1	15%	15%	Registered Nurse	\$ 45.38		Registered Nurse	\$ 45.38
T1000-TE	Private Duty/Independent Nursing Service (LPN)	15	0	0.625	30	1	15%	15%	Licensed Nurse (LPN, LVN)	\$ 33.16	-	Registered Nurse	\$ 45.38

Rhode Island Office of the Health Insurance Co

Appendix 3: Provider Groupings and Wages

Rhode Island Office of the Health Insurance Commissioner Social and Human Service Programs Rate Review Appendix 3: Provider Groupings and Wages

		25th	50th	62.5th	75th	
Provider Grouping	BLS Job Title	Percentile	Percentile	Percentile	Percentile	Weight
Less Than Bachelor's	Personal Care and Service Occupations	14.93	16.92	19.44	21.96	50.0%
Less Than Bachelor's	Home Health and Personal Care Aides	16.47	17.86	18.83	19.80	50.0%
Less Than Bachelor's - Composite		\$ 15.70	\$ 17.39	\$ 19.14	\$ 20.88	100.0%
Bachelor's Level	Mental Health and Substance Abuse Social Workers	19.84	32.97	37.14	41.30	33.3%
Bachelor's Level	Substance Abuse, Behavioral Disorder, and Mental Health Counselors	25.87	32.96	37.26	41.56	33.3%
Bachelor's Level	Healthcare Practitioners and Technical Workers, All Other	23.24	24.33	29.12	33.90	33.3%
Bachelor's Level - Composite		\$ 22.98	\$ 30.09	\$ 34.51	\$ 38.92	100.0%
Master's Licensed (LCSW, LMFT, LMHC)	Mental Health and Substance Abuse Social Workers	19.84	32.97	37.14	41.30	50.0%
Master's Licensed (LCSW, LMFT, LMHC)	Healthcare Social Workers	33.25	40.50	42.13	43.75	25.0%
Master's Licensed (LCSW, LMFT, LMHC)	Social Workers, All Other	41.50	45.76	48.31	50.86	25.0%
Master's Licensed (LCSW, LMFT, LMHC) - Composite		\$ 28.61	\$ 38.05	\$ 41.18	\$ 44.30	100.0%
Other Master's Social Worker	Mental Health and Substance Abuse Social Workers	19.84	32.97	37.14	41.30	50.0%
Other Master's Social Worker	Child, Family, and School Social Workers	26.27	34.44	39.36	44.28	50.0%
Other Master's Social Worker - Composite		\$ 23.06	\$ 33.71	\$ 38.25	\$ 42.79	100.0%
LCDP	Mental Health and Substance Abuse Social Workers	19.84	32.97	37.14	41.30	50.0%
LCDP	Substance Abuse, Behavioral Disorder, and Mental Health Counselors	25.87	32.96	37.26	41.56	50.0%
LCDP - Composite		\$ 22.86	\$ 32.97	\$ 37.20	\$ 41.43	100.0%
Medical Assistant	Medical Assistants	\$ 19.64	\$ 20.85	\$ 22.21	\$ 23.57	100.0%
CNA	Nursing Assistants	\$ 18.87	\$ 19.44	\$ 21.17	\$ 22.89	100.0%
Homemaker	Home Health and Personal Care Aides	16.47	17.86	18.83	19.80	50.0%
Homemaker	Nursing Assistants	18.87	19.44	21.17	22.89	50.0%
Homemaker - Composite	-	\$ 17.67	\$ 18.65	\$ 20.00	\$ 21.35	100.0%
Licensed Nurse (LPN, LVN)	Licensed Practical and Licensed Vocational Nurses	\$ 32.05	\$ 33.16	\$ 35.24	\$ 37.32	100.0%
Registered Nurse	Registered Nurses	\$ 40.34	\$ 45.38	\$ 49.58	\$ 53.78	100.0%
Advanced Practice Professional	Nurse Practitioners	59.17	64.03	67.03	70.02	50.0%
Advanced Practice Professional	Physician Assistants	55.71	67.66	70.80	73.94	50.0%
Advanced Practice Professional - Composite		\$ 57.44	\$ 65.85	\$ 68.92	\$ 71.98	100.0%
Pharmacist	Pharmacists	\$ 55.29	\$ 66.96	\$ 68.92	\$ 70.88	100.0%
Physician	Family Medicine Physicians	\$ 94.65	\$ 107.64	\$ 113.82	\$ 120.00	100.0%
Psychiatrist	Psychiatrists	\$ 91.20	\$ 119.41	\$ 125.38	\$ 131.35	100.0%
Registered Dietician	Dietitians and Nutritionists	\$ 33.30	\$ 35.68	\$ 39.10	\$ 42.52	100.0%
Speech Pathologist	Speech-Language Pathologists	\$ 44.79	\$ 49.18	\$ 51.05	\$ 52.92	100.0%
Occupational Therapist	Occupational Therapy Assistants	25.91	30.71	34.57	38.43	25.0%
Occupational Therapist	Occupational Therapists	42.03	49.41	52.18	54.95	75.0%
Occupational Therapist - Composite		\$ 38.00	\$ 44.74	\$ 47.78	\$ 50.82	100.0%
Physical Therapist	Physical Therapist Assistants	32.13	33.03	35.23	37.42	25.0%
Physical Therapist	Physical Therapists	42.26	50.48	52.52	54.56	75.0%
Physical Therapist - Composite	· · · · · · · · · · · · · · · · · · ·	\$ 39.73	\$ 46.12	\$ 48.20	\$ 50.28	100.0%
Psychologist	Clinical and Counseling Psychologists	43.63	55.40	63.49	71.57	33.3%
Psychologist	School Psychologists	40.12	45.30	48.03	50.76	33.3%
Psychologist	Psychologists, All Other	32.80	43.30 54.90	59.05	63.20	33.3%
Psychologist - Composite		\$ 38.85	\$ 51.87	\$ 56.86	\$ 61.84	100.0%
Specialty Early Intervention Providers	(Based on employer survey feedback)	ψ 50.05	۶51.87 \$7(•	ψ 01.04	100.0%

Notes:

(1) May 2022 Rhode Island wage data is used except for Substance Abuse, Behavioral Disorder, and Mental Health Counselors. May 2021 data was used for this position with an additional year of trend applied.

(2) The 75th percentile wage for Psychiatrists is estimated.

Appendix 4: PTO and Training Adjustment Development

Rhode Island Office of the Health Insurance Commissioner										
Social and Human Service Programs Rate Review Appendix 4: Paid Time Off and Training Time										
	A B C D E F G H I J									
	Annual	Paid holidays	Ongoing training / conference		Training hours / inefficient time	_	New hire	Hours of replacement for non-	Annual	PTO / training /
Drevider Crevning	productive	and PTO per	time hours per	Total	for each new hire	Turnover	training hours	productive time	hours paid	conference time adjustment factor
Provider Grouping	time I - H	year	year	B + C	nire	percentage	per year E * F	D + G	on	I/(I-H)-1
Less Than Bachelor's	1,826	200	40	240	40	35%	14	254	2.080	13.9%
Bachelor's Level	1,746	280	40	320	40	35%	14	334	2,080	19.1%
Master's Licensed (LCSW, LMFT, LMHC)	1,746	280	40	320	40	35%	14	334	2,080	19.1%
Other Master's Social Worker	1,746	280	40	320	40	35%	14	334	2,080	19.1%
LCDP	1,746	280	40	320	40	35%	14	334	2,080	19.1%
Medical Assistant	1,826	200	40	240	40	35%	14	254	2,080	13.9%
CNA	1,928	120	24	144	24	35%	8	152	2,080	7.9%
Homemaker	1,928	120	24	144	24	35%	8	152	2,080	7.9%
Licensed Nurse (LPN, LVN)	1,832	200	40	240	40	20%	8	248	2,080	13.5%
Registered Nurse	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Advanced Practice Professional	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Pharmacist	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Physician	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Psychiatrist	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Registered Dietician	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Speech Pathologist	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Occupational Therapist	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Physical Therapist	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Psychologist	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Specialty Early Intervention Providers	1,752	280	40	320	40	20%	8	328	2,080	18.7%

Rhode Island Office of the Health Insurance Commissioner										
Social and Human Service Programs Rate Review Appendix 4: Paid Time Off and Training Time - Early Intervention										
	A B C D E F G H I J									
			Ongoing					Hours of		
			training /		Training hours /			replacement		
	Annual	Paid holidays	conference		inefficient time		New hire	for non-	Annual	PTO / training /
	productive	and PTO per	time hours per		for each new	Turnover	training hours	productive	hours paid	conference time
Provider Grouping	time	year	year	Total	hire	percentage	per year	time	on	adjustment factor
	I - H			B+C			E*F	D + G		I/(I-H)-1
Less Than Bachelor's	1,672	200	40	240	480	35%	168	408	2,080	24.4%
Bachelor's Level	1,592	280	40	320	480	35%	168	488	2,080	30.7%
Master's Licensed (LCSW, LMFT, LMHC)	1,592	280	40	320	480	35%	168	488	2,080	30.7%
Other Master's Social Worker	1,592	280	40	320	480	35%	168	488	2,080	30.7%
LCDP	1,592	280	40	320	480	35%	168	488	2,080	30.7%
Medical Assistant	1,672	200	40	240	480	35%	168	408	2,080	24.4%
CNA	1,768	120	24	144	480	35%	168	312	2,080	17.6%
Homemaker	1,768	120	24	144	480	35%	168	312	2,080	17.6%
Licensed Nurse (LPN, LVN)	1,780	200	40	240	300	20%	60	300	2,080	16.9%
Registered Nurse	1,700	280	40	320	300	20%	60	380	2,080	22.4%
Advanced Practice Professional	1,700	280	40	320	300	20%	60	380	2,080	22.4%
Pharmacist	1,700	280	40	320	300	20%	60	380	2,080	22.4%
Physician	1,700	280	40	320	300	20%	60	380	2,080	22.4%
Psychiatrist	1,700	280	40	320	300	20%	60	380	2,080	22.4%
Registered Dietician	1,700	280	40	320	300	20%	60	380	2,080	22.4%
Speech Pathologist	1,700	280	40	320	300	20%	60	380	2,080	22.4%
Occupational Therapist	1,700	280	40	320	300	20%	60	380	2,080	22.4%
Physical Therapist	1,700	280	40	320	300	20%	60	380	2,080	22.4%
Psychologist	1,700	280	40	320	300	20%	60	380	2,080	22.4%
Specialty Early Intervention Providers	1,700	280	40	320	300	20%	60	380	2,080	22.4%

Appendix 5: Employee Related Expense Summary

Rhode Island Office of the Health Insurance Commissioner								
Social and Human Service Programs Rate Review								
		Appendix 5: Employee Related Expense (ERE) Summary						
ERE Component	ERE Amount	Notes						
Medicare Tax	1.45%							
Workers' Compensation	Varies	Based on BLS data and employer surveys. 4% for home care employers; 2% for other employers.						
Retirement	3.91%	Based on BLS data						
Social Security Tax	6.20%	Subject to projected \$171,300 annual taxable limit						
FUTA	\$ 420.00	6% x \$7,000 annual taxable limit						
SUI	\$ 694.00	2.46% (average RI rate, per DOL) x \$28,200 annual taxable limit in 2023						
Insurance	\$ 10,000.00	Based on BLS data and employer surveys. Includes health, dental, vision, and other insurance.						

Notes:

 Workers' Comp, Retirement, and Insurance amounts are informed by private industry BLS data released in the March 2023 Employer Costs for Employee Compensation report.
 Social Security annual taxable limit is calculated as an average of SSA's projections for taxable limits in 2024 and 2025.
 Retirement and insurance amounts were reduced by 40% for the CNA and Homemaker provider groupings. CNAs and homemakers were assumed to have a 40% lower retirement eligibility/participation than other provider groupings.

Appendix 6: Detailed IRM Exhibits (Excel Only)



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